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RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN THE AMERICAS AND CARIBBEAN REGION*

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for a country programme with a duration of three years or less that supports activities in a country where a full-length country programme is under preparation. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Chile	2 016 000	960 000	1994-1996

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

CHILE

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	4.4
U5MR (per 1,000 live births)	18
IMR (per 1,000 live births)	15
Underweight (% moderate and severe) (1986)	3
Maternity mortality rate (per 100,000 live births) (1987)	67
Literacy (% male/female) (1990)	93/93
Primary school enrolment (% net, male/female) (1990)	99/97
Percentage of grade 1 reaching grade 4 (1988)	77
Access to safe water (%) (1991)	86
Access to health services (%) (1985)	97
GNP per capita	$3,030
One-year-olds fully immunized against:	
tuberculosis:	99 per cent
diphtheria/pertussis/tetanus:	91 per cent
measles:	90 per cent
poliomyelitis:	91 per cent
Pregnant women immunized against:	
tetanus:	..

The situation of children and women

1. Chile has a total population of 13 million people, with nearly 5 million children under 18 years of age. It is estimated that 50 per cent of these children live in poverty, while 19 per cent live in extreme poverty.

2. In recent years, Chile has experienced high economic growth, decreasing unemployment and sustained substantial social expenditures and has managed its national budget and foreign debt with discipline. Chile also has developed, in general, adequate service systems for health, education, housing and social security programmes, which have brought about an overall improvement in social indicators. For example, illiteracy has been reduced to about 6 per cent; primary education enrolment and completion are almost universal; and access to health services and clean drinking water are virtually universal. However, the quality of education and health services has declined, and despite Government efforts to reduce the level of child malnutrition, there are still some areas of the country with rates substantially above the national average.

3. While most of the immediate threats to child survival have been overcome, new child development and protection problems have emerged, such as child battering and sexual abuse, abandoned children, adolescent pregnancies, drug

addiction and alcoholism. Chile has committed itself to achieving the goals established at the World Summit for Children and is close to achieving the mid-decade goals related to health and nutrition. However, a major challenge will be to sustain and accelerate the progress of social development in order to achieve the decade goals for the year 2000.

Programme cooperation, 1991-1993

4. UNICEF has been supporting the Government of Chile in its efforts to improve policies for children, social statistics, social development planning and social mobilization and communication strategies. The current country programme also includes an area-based programme for the Araucania region, which is one of the poorest areas in the country.

5. Through a policy development and social statistics programme, UNICEF has provided support for the formulation of a national programme of action for children. Support also has been provided to carry out studies on the situation of women and young girls, and to train staff of the Servicio Nacional para la Mujer (National Service for Women) to strengthen programme formulation, management and evaluation.

6. Through the development of a social methodologies programme, UNICEF provided support to activities linked to family- and community-based projects on early child development; qualitative and quantitative studies to reduce child morbidity; and testing of new approaches in the care and protection of street children and for minimizing inappropriate institutional care of children. Support also was provided for initiatives aimed at improving the quality of basic education in both rural and urban areas, improving the coverage of pre-school education and stimulating private sector contributions to support basic education. Through the project on children and the environment, UNICEF supported teacher training and the production of educational materials. However, a non-formal education project for pregnant adolescent girls was discontinued owing to lack of supplementary funds.

7. The social mobilization and communication programme focused on (a) the nationwide promotion of the Convention on the Rights of the Child; (b) publicizing the work of the regional agencies of the Servicio Nacional para la Mujer; and (c) supporting the formulation of the national programme of action and workshops to orient regional governments to the programme of action. UNICEF also supported the formulation of the Plan for Equal Opportunities and a study of Chilean women's perceptions and attitudes towards discrimination. The results of selected quantitative and qualitative studies will be used to formulate a communication strategy linked to a local fund-raising drive and raising public awareness on the major needs of children.

8. For the Araucania region, UNICEF is helping to strengthen the capacity of the regional government to plan and implement social programmes. However, most of the activities have not been initiated owing to the lack of supplementary funds.

Lessons learned

9. A review of the country programme of cooperation undertaken with the Agencia de Cooperación Internacional (National Agency for International Cooperation) and the participating national agencies concluded that the large number of programme activities, given limited UNICEF resources, lessened achievements and the longer-term impact of the programme. Evaluations and studies addressed issues such as child development, education, health, environment and gender disparities, and clearly suggested the need to concentrate activities and prioritize interventions. To enhance the impact of UNICEF cooperation, priorities should reflect relevant, important issues that the Government does not have the capacity to address, focusing on capacity-building and the empowerment of the communities.

Recommended programme cooperation, 1994-1996

Estimated annual expenditure

(In thousands of United States dollars)

	1994	1995	1996	Total
General resources				
Social policy development	-	200	190	390
Development of social methodologies	-	450	450	900
Advocacy and social communication	-	200	210	410
Programme support	16	150	150	316
Subtotal	16 a/	1 000	1 000	2 016
Supplementary funding				
Basic education	100	160	160	420
Rights of the child	80	80	80	240
Environmental education	100	100	100	300
Subtotal	280	340	340	960
Total	296	1 340	1 340	2 976

a/ Partial general resources funds for 1994 were previously approved by the Executive Board in 1991 (E/ICEF/1991/P/L.10).

10. Because of the change in Government, the years 1995 and 1996 will be a transition period for planning and preparing the country programme for the period 1997-2001. With a new Government being inaugurated in 1994, the present bridging recommendation will allow for a transitional period of one year between

the new government plan and UNICEF country programme, in order to prepare a longer programme of cooperation.

11. The national programme of action, which includes the mid-decade and end-decade goals and addresses the Convention on the Rights of the Child, will shape the programme framework. Within this framework, UNICEF will (a) support national efforts to promote equity, sustainability and quality of life through the full incorporation of child, youth and gender issues in social policies; (b) contribute to children's and women's development through the empowerment of communities, local Governments and other institutions that promote child development, improvement and quality of life; and (c) enhance advocacy for children among political, financial and religious decision makers and the community-at-large so as to expand alliances and support for children's and women's programmes.

12. The strategic elements of the new country programme include (a) strengthening the technical capacity of government institutions to improve the efficiency and effectiveness of child-focused social programmes; (b) establishing closer links with local government and community organizations for family empowerment; (c) advocacy and social mobilization to encourage compliance with the Convention on the Rights of the Child; (d) efforts to generate more opportunities for fund-raising from the private sector for children's and women's programmes; and (e) promotion of appropriate national legislation related to the Convention on the Rights of the Child.

Social policy development

13. UNICEF will continue to support the Ministry of Planning and Cooperation, municipalities and other relevant institutions in the development of social policies related to child survival strategies, street children, children living in institutions, early stimulation, reduction of family violence and gender disparities. UNICEF will support specific studies and operational research to improve policies and to further operationalize the national programme of action, with a focus on decentralization and the formulation of regional and municipal plans of action for children. Support also will be provided to strengthen national capacity to undertake situation analyses of children and women, which will be used for improving policies on children, more sensitive gender analysis and wider dissemination of information to increase public awareness of the programme of action and the Convention on the Rights of the Child.

Development of social methodologies

14. It is crucial for UNICEF to further strengthen its role in policy dialogue for the decade goals and to help demonstrate ways to empower communities and civic groups so as to generate more resources for social programmes that focus on children and women. UNICEF will continue to promote the use of cost-effective techniques in areas related to education and the rights of the child. Area-based projects and those promoting the child and the environment will be supported by supplementary funds.

15. This programme will emphasize community mobilization and activities for (a) basic education and reducing rural-urban educational and other social disparities, in association with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank; (b) early child development, with emphasis on parent and family education; (c) improved monitoring of the epidemiological situation of children and swift responses to emerging problems; and (d) the child and the environment, through the promotion of ecological and environmental education, in close association with a non-governmental organization (NGO) network. Concerning the rights of the child, UNICEF will continue to support innovative activities to enhance the implementation of the Convention of the Rights of the Child.

Advocacy and social communication

16. A communication, advocacy and fund-raising strategy will position child-related issues high on the national policy agenda. Communication and advocacy are parts of the foundation of the country programme and will help to create public support and increase local fund-raising. Advocacy activities will especially address issues such as poverty, violence, environment, child development, basic education and the empowerment of local governments and communities, through the formulation of local plans of action for children.

17. A package based on the principles of the Convention on the Rights of the Child will be produced for training school personnel, legal staff and parents and families.

18. Monitoring and evaluation. Between 1992 and 1993, 83 evaluations and studies have been carried out, 34 of which have been finalized. UNICEF will continue to cooperate with the Government in the monitoring of the goals and the strengthening of the monitoring and evaluation capacities of government institutions, universities and NGOs.

19. Cooperation with other agencies. To increase national coverage of basic education, particularly rural education, and pre-school education, UNICEF will cooperate with the World Bank, the Bernard Van Leer Foundation, the United Nations Development Programme and UNESCO. Close collaboration with the Pan American Health Organization will be maintained to develop reliable instruments to assess the health situation of children and women, as a means to monitor progress towards the decade goals.

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FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE ASIA REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Afghanistan	5 500 000	-	1995
Cambodia	4 280 000	-	1994-1995
Mongolia	2 261 000	900 000	mid-1994-1996

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

I. AFGHANISTAN

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 yrs)	8.2
U5MR (per 1,000 live births)	257
IMR (per 1,000 live births)	165
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	640
Literacy (% male/female) (1990)	44/14
Primary school enrolment (% net, male/female) (1986)	25/13
Percentage of grade 1 reaching grade 4 (1988)	63
Access to safe water (%) (1985)	29
Access to health services (%)	..
GNP per capita (1987)	$280
One-year-olds fully immunized against:	
tuberculosis:	48 per cent
diphtheria/pertussis/tetanus:	27 per cent
measles:	37 per cent
poliomyelitis:	27 per cent
Pregnant women immunized against:	
tetanus:	9 per cent

The situation of children and women

1. The Afghanistan country programme for the period 1992-1994 was approved in 1992 with a total allocation of $16.5 million from general resources and $20.9 million in supplementary funds (E/ICEF/1992/P/L.23). The Executive Director requests a one-year extension of the current country programme in the amount of $5.5 million from general resources for 1995 to facilitate continuity of the current programme of emergency relief and rehabilitation and to provide an appropriate time-frame for the preparation of the next country programme for submission to the Executive Board in 1995.

2. Since 1992, over 2 million refugees have returned to Afghanistan from Pakistan and the Islamic Republic of Iran, with cessation of fighting in many parts of the country. However, armed conflicts have continued between major parties in and around the capital, Kabul, preventing the return of 3 million additional refugees. Despite temporary cease-fires and accords, central government structures have not been fully re-established, and local communities are struggling to restore the basic elements of social and economic infrastructures. They have few resources, with a major part of existing resources going towards warfare as a result of the continuing instability.

3. Health services in both urban and rural areas are extremely poor, with many buildings damaged or destroyed and equipment looted. Where staff are available, supplies of essential drugs and other items remain limited. Education facilities also have suffered extensive damage and available school materials are severely restricted. The supply of electricity and piped drinking water has been widely disrupted in urban areas. Before 1992, the central Government maintained basic health and education services in urban centres, while externally-supported non-governmental organizations (NGOs) operating from Pakistan assisted many mujahidin groups to establish and run similar services in rural areas under their control. The quantity and quality of urban services have decreased. Instability and fighting, especially in Kabul, have displaced many civil servants, and many professionals have left the country. The withdrawal of external donor support to NGOs also has resulted in drastic cut-backs in rural services.

4. Conditions affecting children in Afghanistan continue to be among the worst in the world. The 1990 infant mortality rate, estimated at 167 per 1,000 births, and under-five mortality rate, estimated at 292 per 1,000 live births, have probably worsened since then. There are no exact figures on the number of children killed by the war. But of the total of 1.5 million persons killed by the fighting since 1979, some 350,000 to 400,000 children are estimated to have died as a result of rockets, shells, mines and other weapons, as well as from direct participation in the fighting and military support services provided by teenage soldiers. Over the past 14 years, it is estimated that 10 times as many children have died from malnutrition and disease - deaths that could have been prevented with simple health interventions. In the absence of major health and other preventive interventions, over 200,000 children under five years of age, already poorly nourished and without access to reasonable health services, may die each year. However, relief, rehabilitation and development efforts supported by the international community can alleviate this situation and encourage a return to normalcy.

5. The situation for women is equally poor and their access to health services is made more difficult by the traditions that prevent them from being treated by male health workers. Given that virtually all health workers are male, particularly in the countryside, women are cut off from most of the services that do exist. Women's access to education also has been very limited. In 1990, female literacy was estimated at only 14 per cent, compared to 31 per cent for men, and primary enrolment of girls was 16 per cent, compared to 31 per cent for boys. A trend towards a more traditional approach to women's role and status has placed further limitations on women's opportunities to assist outside their homes in the redevelopment of their country.

6. Although some schools are open, facilities are very poor and teaching standards low as a result of the lack of trained teachers and the scarcity of teaching materials and basic supplies such as paper, pencils and chalk. Access to education is limited by widespread poverty, and because the task of providing food or earning an income often falls on young children, they are unable to attend school.

7. The enormity of the problems, none the less, does not detract from some positive trends. In 1992, about 2 million people returned from Pakistan and

Iran to their homes, located primarily in rural areas of Afghanistan. Although the rate of return has declined in 1993, about 350,000 to 400,000 have come back, mainly from the Islamic Republic of Iran. In many places, the combination of returning refugees, demining activities, rehabilitation of agriculture and irrigation, is a welcome movement towards normalcy. Many returning refugees also bring to their communities new outlooks such as experience of and demand for health services, including maternal and child health (MCH) care and education, including for girls. There is reason to hope that such trends could form the foundations for longer-term development. United Nations organizations such as the United Nations Development Programme (UNDP), the Food and Agriculture Organization of the United Nations, the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), the United Nations Centre for Human Settlements (Habitat), the World Health Organization (WHO) and UNICEF, together with NGOs, have continued to respond to basic humanitarian needs on an emergency basis in many rural and urban areas. However, logistical problems and the limited resources available to the United Nations organizations have restricted the assistance which currently addresses only the immediate needs of some of the people.

Past programme cooperation, 1992-1994

8. UNICEF established provincial offices in Afghanistan in 1992 and has strengthened its capacity to provide emergency assistance to women and children affected by the war and to support local rehabilitation efforts. Despite the temporary relocation to Pakistan of all United Nations international staff in Kabul, it was possible for UNICEF offices in Herat for the Western provinces, Mazar-i-Sharif for the north, Faizabad in the north-east and Jalalabad in the east to expand cooperation with local authorities, including the provision of assistance to displaced persons from Kabul. Key national staff also kept the UNICEF office in Kabul open throughout the fighting in 1992 and 1993, assisting hospital emergency services and providing drinking water for communities and displaced families within the city.

Health

9. Health activities have included emergency repairs; rehabilitation; winter emergency fuel for health facilities; emergency health kits and essential drugs to continue services in hospitals and basic health centres; and supply, logistic, training and operational support for the expanded programme on immunization (EPI) and the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI).

Education

10. UNICEF has continued to respond to emergency needs for education by providing basic materials such as plastic sheeting and glass for community school repairs; installing hand-pumps and latrines in schools occupied by displaced persons in Mazar and Kabul; and supplying basic classroom and student supplies to 150,000 students.

Water supply and sanitation

11. With the collapse of large-scale drinking water systems in 1992, UNICEF has focused on installing over 500 pumps for urban community wells and on providing basic drinking water and sanitation to schools and health institutions.

Nutrition

12. Malnutrition is widespread, partly as a result of war, returning refugees, economic collapse and a high incidence of infectious diseases. Emergency nutrition activities include feeding programmes, in cooperation with WFP, for the especially vulnerable groups such as orphans and the displaced; provision of K-mix to hospitals for nutrition rehabilitation; and distribution of high-protein biscuits for moderately malnourished children screened during the winter emergency outreach and vaccination activities. Linked to EPI, the administration of vitamin A capsules to children under the age of five years also was supported.

Women's development

13. Previous UNICEF projects for women ceased operation with the change of Government in April 1992. Awareness among officials of the new Government of women's needs and development roles and the necessity to address them is now increasing, and advocacy efforts for direct involvement are being made. UNICEF will continue to promote special projects for education and income generation for the most vulnerable women, especially widows.

Recommended programme cooperation, 1995

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1995
Expanded programme on immunization	1 300
Control of diarrhoeal diseases/acute respiratory infections	350
Primary health care/maternal and child health	450
Nutrition	200
Water supply and sanitation	500
Education	550
Women's development	200
Children in especially difficult circumstances	250
Emergency preparedness	600
Programme support	1 100
Total	5 500

Health

14. Health emergency initiatives will continue in 1994-1995 with increased emphasis on building foundations for longer-term and sustainable improvements in community health. Working with central and local Governments, United Nations agencies and NGOs, UNICEF will support the reformulation of EPI policies and strategies with a focus on fixed centre and community outreach approaches. Interim operational and continuing logistic and supply support will be needed while a new system is put in place, along with training to strengthen managerial capacities. Periodic campaigns, focusing on measles vaccination, will be used to stimulate further expansion of EPI services. A renewed emphasis also will be placed on tetanus toxoid vaccination for girls and women. CDD/oral rehydration therapy (ORT) and ARI projects will continue the training of medical and health personnel and the distribution of oral rehydration salts (ORS) and cotrimoxazole. An increased focus on health education for CDD will include promotion of the use of home fluids and linkages to sanitation and water initiatives. The provision of essential drugs supplies increasingly will be linked to the development of community capacities to manage revolving funds. The training of traditional birth attendants (TBAs) will provide a starting point towards safer motherhood; TBAs will be linked to medical services where they exist and where referral capacities can be strengthened. In cooperation with WHO, malaria protection measures for pregnant women and young children will be integrated with other UNICEF activities in malaria endemic areas.

Education

15. UNICEF assistance for education in 1994-1995 will focus on developing primary education curricula appropriate to local culture for strengthening the following: (a) basic skills for children; (b) upgrading teaching skills through on-the-job training and suitable teaching materials; and (c) short-term training courses, especially for women, to produce increased numbers of female teachers as well as assistance for the development of a longer-term, redesigned primary education curricula appropriate to local culture. Special attention will be given to identify appropriate techniques and methodologies to encourage education for girls within the local Islamic context. Non-formal educational opportunities will be promoted for adults to become literate and to learn important facts for life, especially for women and young men who missed education opportunities because of the prolonged war effort.

Water supply and sanitation

16. In addition to improved repair and maintenance, UNICEF assistance for the installation of hand-pumps and community wells, combined with sanitation, in communities and schools will continue in 1994-1995. Priority will be given to urban peripheral areas, in cooperation with local authorities and NGOs, so as to strengthen local capacities to extend such work to smaller urban centres and rural areas. In cooperation with Habitat, small private-sector, metal-working enterprises also will be encouraged to produce and improve hand-pumps. Advocacy with local education authorities for their leadership in community education on sanitation and hygiene will be continued.

Nutrition

17. A significant part of under-five malnutrition arises from inappropriate feeding practices, especially a lack of supplementary feeding for infants 4 to 6 months of age and from a high incidence of diarrhoeal morbidity. Education initiatives for women and CDD messages will increase emphasis on nutrition issues and promote the home use of wheat-salt solution during diarrhoea, the use of which has been found to reduce the nutritional impact of diarrhoea. Iodine deficiency disorders (IDD) are a problem in many areas of Afghanistan. A survey is being planned in 1994 and action plans for the affected areas will be made for IDD control in addition to working towards universal iodization of salt in the country.

Women's development

18. Significant progress for women will depend on understanding within Afghanistan of the acceptability of the enhanced roles and opportunities for women within the Islamic tradition. Social communication initiatives to facilitate this include UNICEF cooperation with the British Broadcasting System in 1994 to broadcast dramatic programming that will explore women's roles on the Pashto and Dari language services. Additional activities in 1995 will provide exposure of religious and other opinion and community leaders to activities in other Islamic societies that have enhanced women's opportunities.

Children in difficult circumstances

19. Due to war conditions, nearly every child in Afghanistan is in difficult circumstances. Nevertheless, the orphans of war, the children of widows and displaced families, and children disabled by mines have special needs, and UNICEF has been assisting these children. UNICEF will continue to work with agencies and NGOs in providing treatment with the aim of identifying those children and facilitating their access to treatment. In 1994, UNICEF also will initiate work with teachers on assessing and overcoming war trauma in children and will work to extend this coverage.

Emergency preparedness

20. To enable a rapid response to emergency situations, a stockpile of disaster response materials will be established. These emergency supplies will comprise tents, tarpaulins and blankets to assist mainly internally displaced families.

Programme support

21. In the absence of any national or regional government or NGO networks capable of extensive programme delivery, it has been necessary to establish field bases with the capacity for outreach to provincial centres and communities. These bases are manned by national staff with support from international staff and the United Nations Volunteer programme. Since the evacuation of international staff from Kabul, the programmes of these field-based offices are planned and coordinated from the Afghan Programme Office in Peshawar, Pakistan, which also provides extensive administrative and logistical support. These field offices will remain key to UNICEF effectiveness, as

advocacy and longer-term programme strategies are built on local contacts and credibility gained from emergency assistance. Additional sub-offices are planned for 1994, i.e.: in Bamyan, to serve the central provinces, and at Kandahar for the south-east provinces, which were initiated in December 1992, but are currently closed for security reasons; and in several provincial sub-centres. A supporting administrative and logistics base continues to operate from Peshawar, Pakistan, with missions to other provinces.

II. CAMBODIA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	3.8
U5MR (per 1,000 live births)	184
IMR (per 1,000 live births)	117
Underweight (% moderate and severe)	...
Maternal mortality rate (per 100,000 live births) (1989)	500
Literacy (% male/female)	48/22
Primary school enrolment (% net, male/female)	../..
Percentage of grade 1 reaching grade 4	50
Access to safe water (%)	36
Access to health services (%)	53
GNP per capita	$200

One-year-olds fully immunized against:

tuberculosis:	50 per cent
diphtheria/pertussis/tetanus:	32 per cent
measles:	33 per cent
poliomyelitis:	32 per cent

Pregnant women immunized against:

tetanus:	22 per cent

22. The current programme for Cambodia was approved by the Executive Board in 1992 for the period 1992-1994 with an allocation of $6,000,000 from general resources for 1993-1994 (E/ICEF/1992/P/L.19) in addition to the amount of $3,000,000 from general resources for 1992 approved by the Executive Board at its 1991 session (E/ICEF/1991/P/L.12). The annual planning levels were increased from $3,000,000 to $3,500,000 in 1992 and to $3,780,000 in 1993 because of the rapidly changing programme environment which necessitated additional programme support at the provincial level and coordination at the national level, additional security services and equipment, and the temporary evacuation of staff dependants.

23. The Executive Director requests Executive Board approval of an allocation of $4,280,000 from general resources for 1994-1995 in order to maintain the annual planning level at $3,000,000 and to maintain programme continuity in 1994. For this reason, additional general resources in the amount of $1,280,000 are being requested for 1994. In addition, in view of the opportunity for UNICEF to prepare the first country programme of cooperation with the newly elected Government of Cambodia which is in the process of strengthening its planning capacity, the Executive Director plans to present the new country programme to the Executive Board in 1995 and recommends an extension of the

1992-1994 programme by one year with a request for $3,000,000 from general resources for 1995.

24. The signing of the Paris Peace Agreement in 1991 generated a process towards Cambodia's return to a state of peace following 20 years of civil war. The United Nations Transitional Authority in Cambodia (UNTAC), with its peace-forces and a key supportive role in civil administration, successfully assisted Cambodia in electing its own Government and in repatriating 370,000 refugees from Thailand jointly with UNHCR in 1992-1993. In the midst of these positive developments and hopeful signs of peace and national reconciliation, the country faces extremely precarious economic conditions caused by the destruction of its infrastructure during the civil war and a transition from a centrally-planned economy to a market economy. The delivery of public services continues to be weak with a severe shortage of qualified personnel at all levels of Government.

25. In view of the developments in Cambodia, the Executive Board approved the Executive Director's recommendation in 1993 for the regularization of the country office in Cambodia with the establishment of 14 core posts, including the representative to Cambodia, and an administrative budget for the 1994-1995 biennium (E/ICEF/1993/AB/L.1). The programme funds used for these posts in the past will now be available for assistance to children and women and for building the capacity of the new Government.

26. While UNICEF-assisted programmes draw on a long experience derived from its presence in Cambodia since 1979, these programmes have undergone very significant developments in the last two years. The country programme increased from $7,200,000 in 1991 to an estimated total of $16,000,000 in 1993 with a corresponding increase from 28 to 64 posts. The programme emphasis shifted from the national to the provincial level with increases in service delivery, support to vulnerable groups and capacity-building, and from emergency to rehabilitation and preparation of groundwork for social development. During the last two years, UNICEF has worked closely with UNTAC, UNHCR, UNDP, WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO) as they established their field operations in Cambodia. UNICEF also has facilitated Government coordination of NGO activities. More than 100 NGOs have begun to work in Cambodia since 1991. Many NGOs are contributing towards institutional capacity-building for programme planning and implementation for children and women, particularly at the provincial and community levels and towards advocacy and social mobilization at national policy and planning levels. The programme will be maintained at the present level for 1994 and 1995 while a new country programme is being planned with the new Government for submission to the 1995 Executive Board.

Recommended programme cooperation, 1994-1995

Estimated annual expenditure

(In thousands of United States dollars)

	1994	1995	Total
General resources			
Social mobilization, advocacy, capacity-building	150	150	300
Health	470	350	820
Household food security	130	140	270
Education	250	330	580
Women in development	130	140	270
Monitoring and evaluation	170	190	360
Programme support	1 700	1 700	3 400
Subtotal	3 000 a/	3 000	6 000

a/ An amount of $1,720,000 from general resources will be carried over to 1994 from the ongoing programme budget, thereby bringing the total general resources from 1994 to the planning level of $3,000,000.

Social mobilization, advocacy and capacity building

27. Cambodia acceded to the Convention on the Rights of the Child in September 1992 and signed the World Summit for Children Declaration in February 1993. Social mobilization and advocacy activities were undertaken and strengthened following the Paris Peace Agreement and during the presence of UNTAC in Cambodia. The communications network established by UNTAC to prepare for the elections was used to disseminate educational messages regarding EPI, use of ORS, the prevention of acquired immune deficiency syndrome, and awareness of landmines. Based on a continuing dialogue between the new Government and UNICEF, provisions of the Convention on the Rights of the Child have been included in the new Constitution. As the new Government develops legislation, it is important for UNICEF to advocate for new laws to reflect the concerns of Cambodia's new institutions for the well-being of children and women and for the protection of their rights. In 1994-1995, UNICEF will work closely with an intersectoral government committee to develop a national programme of action (NPA) which is expected to become part of the new Government's national development plan. UNICEF also will support the collection, analysis and dissemination of information about the situation of children and women for use in planning and monitoring.

28. Since 1991, the Cambodia/UNICEF programme of cooperation has given increasing importance to local capacity-building for programme planning and implementation in view of the shortage of qualified local professionals. At the

expressed request of the Government, UNICEF will provide a team of international professional staff to ensure capacity-building at national and subnational levels and effective programme implementation. The use of highly qualified and experienced personnel has already shown positive results in the health and education programmes. Technical advisers have been posted to four provincial health departments and four education specialists facilitate committees at the Ministry of Education. This form of technical assistance will be continued during the next two years in order to increase Cambodia's capacity to absorb external development assistance.

Health services

29. The main health problems confronting Cambodian women and children that have led to some of the highest morbidity and mortality rates in the world are compounded by other problems specific to Cambodia, including the massive presence of landmines, the reintegration of refugees repatriated from border camps and the presence of displaced persons within the country. To alleviate this situation, the UNICEF-supported programme will expand ongoing activities for strengthening the health care system at the district and commune level from five provinces in 1994 to nine of the country's 21 provinces in 1995. Activities will include assistance to strengthen the organization of a referral system, training, health education and provision of supplies and equipment. Technical assistance will be provided by health advisers stationed in five provinces.

30. UNICEF has assisted the Government in organizing a reliable essential drugs supply system which now covers more than 75 per cent of all health facilities. This will be expanded to 90 per cent by 1995. Immunization coverage is expected to reach 80 per cent in 5 of the 21 provinces in 1994 and in 12 provinces by 1995, representing more than 70 per cent of the population. A new health information and management information system will be installed to improve planning and monitoring. Linkages with other UNICEF-supported water supply and sanitation, household food security, women in development and education projects will be strengthened.

Household food security

31. Malnutrition affects a significant percentage of women and children who suffer from a chronic insufficiency of food, limited access to health care, lack of safe drinking water, and poor food habits and health practices. Since 1987, the family food production project supported by UNICEF reached nearly 60,000 families and demonstrated approaches to improve food security for disadvantaged families. The project has provided funds for technical and supply assistance for household gardening, small animal raising and fish ponds. Nutrition concerns, such as micronutrient deficiencies, are addressed as an integral part of the health programme. The project is implemented by provincial and district coordinating committees comprised of representatives from the Ministries of Agriculture and Education and the Women's Association. Approximately 40,000 additional families will benefit from the project in 1994 and 1995.

Education

32. In spite of considerable efforts made by the country in the 1980s under conditions of isolation and economic insecurity, the educational system will not be able to guarantee education for all without substantial external support and a thorough overhaul of the system. The school system is constrained by limited financial resources, obsolete pedagogical methods due to the prolonged isolation of the country, poor teacher training and a lack of textbooks. In the past two years, the education programme supported by UNICEF has begun to provide some initial remedies. A programme to improve and test student and teacher competencies has been established with technical assistance from a team of experts from neighbouring countries. The programme, implemented by the Ministry of Education with technical support from NGOs, reaches the provincial level through support for teacher-training colleges and school systems. It develops and shares expertise among school clusters in four selected provinces. Support for the production of textbooks has increased the number of textbooks from 200,000 in 1991 to over 2,000,000 in 1993. The programme will continue through 1995 and is complementary to a long-term project proposed by UNDP/UNESCO for capacity-building in education and human resources development and the emergency teachers training and education sector analysis project funded by the Asian Development Bank (AsDB).

Women in development

33. Women represent between 55 and 60 per cent of the adult population of Cambodia, and more than one quarter of the families are headed by single women. More than 75 per cent of all women are illiterate. Although women still experience gender disparity, their responsibilities for the family economy and the role they play in the care and education of children make them primary agents of development. The current programme uses a rural credit system to provide female heads of households with loans to be used for small livestock, food processing and drying, handicrafts and other small projects. While 10,000 women received loans and 1,850 benefited from cow bank loans in 1990-1993, the number of participating women will increase by 7,000 in 1994 and by an additional 6,000 in 1995. Efforts will be made to link these women's groups with water supply/sanitation and functional literacy projects to promote a convergence of basic services.

Monitoring and social statistics

34. The absence of reliable statistical data constitutes a severe handicap for programme monitoring and evaluation. A serious effort is currently being made to collect the basic data necessary for a better knowledge of the situation in the country. UNICEF, in cooperation with other organizations such as the United Nations Population Fund (UNFPA), UNDP and AsDB, will support this effort. With regard to the health sector in particular, the effort to define and implement a new health information system will be intensified.

Cooperation with international and non-governmental organizations

35. In contrast with the period of international isolation in the 1980s when UNICEF programmes and those of a limited number of NGOs constituted most of the assistance provided in the field of social services, the last two years have seen the establishment in Cambodia of the principal agencies of the United Nations and the arrival of more than 100 NGOs. An informal cooperation and coordination network has been set up between UNICEF and more than 50 NGOs. Whenever possible, UNICEF has facilitated Government coordination of NGO activities, notably in the health sector, where a coordination committee chaired by the Minister of Health has been established.

36. Cooperation with other United Nations agencies has been particularly active in the last two years and received formal expression in an international seminar on education organized jointly by UNESCO, UNDP and UNICEF. Programmes concerned with health have been coordinated with WHO. Drinking water and family food production projects were adapted to facilitate the repatriation of refugees by UNHCR. UNICEF well-drilling equipment was transported by the United Nations Transitional Authority in Cambodia (UNTAC) helicopter to districts isolated by the presence of landmines. The logistical capabilities put in place by UNTAC to support the electoral process also were used to deliver textbooks and essential drugs to the most remote districts. Finally, UNICEF was associated with the activities of the UNTAC Rehabilitation and Civil Administration Components. These recent examples illustrate how cooperation and coordination among various organizations working in Cambodia will facilitate synergy between programmes in 1994-1995.

III. MONGOLIA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 yrs)	1.0
U5MR (per 1,000 live births)	86.6
IMR (per 1,000 live births)	60
Underweight (% moderate and severe)	12.3
Maternal mortality rate (per 100,000 live births)	205
Literacy (% male/female)	../..
Primary school enrolment (% net, male/female)	../..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%)	50
Access to health services (%)	80
GNP per capita	$160
One-year-olds fully immunized against:	
tuberculosis:	83 per cent
diphtheria/pertussis/tetanus:	64 per cent
measles:	84 per cent
poliomyelitis:	54 per cent
Pregnant women immunized against:	
tetanus:	.. per cent

37. The current country programme of cooperation for Mongolia for the period 1991-1995 was approved by the Executive Board in 1991 with a total allocation of $2,500,000 from general resources (E/ICEF/1991/P/L.22). Because of the increased availability of general resources and the urgent need to fill some of the resources gaps identified by the Government, the annual planning level for the country programme was increased from $500,000 to $750,000 in 1992-1993 and has been further increased to $900,000 for 1994 and 1995.

38. The Executive Director requests approval of an allocation of $2,261,000 from general resources and $900,000 from supplementary funds for 1994-1996. In order to maintain the annual planning level at $900,000 for 1994 and 1995, additional general resources in the amount of $1,361,000 are being requested for 1994-1995. In addition, in view of the need to prepare the new country programme in the changing situation in Mongolia, the Executive Director recommends a one-year extension of the 1991-1995 programme with a request for $900,000 from general resources for 1996 and $900,000 from supplementary funds for the period 1994-1996.

The situation of children and women

39. Mongolia has developed a social services infrastructure that has produced a high level of literacy, estimated at 90 per cent, and made basic education and health services accessible to nearly everyone. Thus socio-economic disparity was kept to a minimum by a system of near-universal entitlements. These supports created a relatively stable and egalitarian society for several decades. However, Mongolia is undergoing a rapid transition from a centrally-planned economy to an open market economy. Economic difficulties are manifested by high inflation of 150 per cent, high Government budget deficit, and low foreign exchange reserves in 1991 and 1992. The rise of unemployment, together with an overall price increase of 1,554 per cent (from January 1991 to August 1993) and diminishing real income, has led to between 360,000-400,000 persons (16 to 18 per cent) living below the poverty line.

40. One of the most serious side effects of the transition to a market economy has been the dissolution of the collective system which provided the mechanism for a safety net of social services. While new mechanisms to provide the safety nets are being developed, a marked decline in immunization coverage, school attendance and other social indicators is evident. Special support and assistance from the international community is considered critical during this period of transition.

41. Government expenditure for health, education and other social services has started to decline. Total current expenditures in 1991 for national and provincial/city-level governments, amounted to 52 per cent of gross domestic product (GDP), while in 1992 this had fallen to 22 per cent of GDP. Over the same period, expenditures for health services went from 5.1 to 2.9 per cent, for education from 10.2 to 5.3 per cent, and social security from 4.5 to 1.8 per cent of GDP. The impact of these changes on health, nutritional status and well-being of children and women is not fully known, primarily owing to a lack of adequate comparative data and effective surveillance systems. However, child immunization coverage levels, which were well above 80 per cent for each of the six antigens reported for 1989 through 1991, declined to below 80 per cent in 1992; combined diphtheria/pertussis/tetanus was 64 per cent and polio was 54 per cent.

42. An upswing in maternal mortality to 205 deaths per 100,000 live births since 1992 has increased mortality for rural women. Probable contributing factors include limited availability of fuel and vehicles, with resulting delays in transport of high-risk women to referral levels; the closing of "maternal rest homes", previously maintained in every suman (district) centre to provide rural women with accommodations for two weeks prior to delivery; and vulnerability of mothers due to marginal literacy and poverty. Nutritional status of both children and women is of concern. Although the 1992 child nutrition survey found an overall prevalence of only 12.3 per cent low weight-for-age below 2 standard deviations of the norm, and 2.4 per cent below 3 standard deviations of the norm in children aged 0-4 years, monitoring of the situation will be important to respond to any downward trend in nutritional status.

43. Mongolia has made major strides in basic education. The estimated literacy rate of 90 per cent reflects many decades of strong government commitment to providing basic education for children in the 8 to 15-year-old age-group and to literacy programmes for youth and adults. However, conditions are changing which make it difficult for Mongolia to sustain its achievements in basic education. For example, rising costs of textbooks, clothes and shoes mean some families cannot afford to send their children to school. The dissolution of livestock cooperatives and privatization of herds is increasing the demand for children's labour at home, thus raising the opportunity cost of schooling. Low salaries and new opportunities in a changing economy are prompting some teachers to choose other occupations. Increased food and heating costs have resulted in closure of primary school hostels, which previously housed the children of nomadic families. All those conditions have led to a rapidly increasing number of children dropping out before completion of primary school and to a perceived deterioration in the quality of basic education; 25 per cent of primary-school-age children have reportedly dropped out, mainly from the 4th, 5th, and 6th grades, and particularly in rural areas. Since 1990, the number of school drop-outs has increased fivefold; at the end of 1992, there were 72,000, and in 1993 there were more than 100,000.

44. The problems of child neglect, abandonment and poverty appear to be on the increase. A survey conducted in 1992 indicated that there were over 10,000 orphans and 39,000 single-parent children. There are over 40,000 disabled children of whom about 25,000 are classified as mentally retarded. In addition to the problems of disabled children, there is a need to address the problems of other children with special needs, for example, street children, as their numbers seem to be increasing. The number of children involved in delinquency and crime increased from 640 in 1991 to 885 in 1992.

45. In conclusion, concerted attention from the Government and international community is needed to prevent further decline of basic services. This suggests an emphasis on service delivery, with support to help rebuild service delivery systems that were already well in place and functioning.

Past programme cooperation, 1991-1993

46. The country programme for the period 1991-1993 focused mainly on health and nutrition. UNICEF assistance in health focused primarily on support for sustaining an effective diarrhoea management programme, sustaining EPI, the establishment of a community-based programme for the control of ARI, and promoting safe motherhood and improved child spacing.

47. UNICEF assistance in nutrition included establishment of a national system for nutrition surveillance; routine growth monitoring and promotion for children under five years old; control of IDD by developing intersectoral capacity in IDD control; control of rickets with enhanced capacity of the Ministry of Health and the Nutrition Research Centre (NRC) for surveillance and intervention; launching of the Baby-Friendly Hospital Initiative (BFHI) for all hospitals and properly-timed introduction of appropriate supplementary foods, with enhanced capacity of the Ministry of Health and NRC to monitor hospital and household infant feeding practices; and nutrition information to spread awareness of

infant and child nutrition problems and needs among government officials, physicians and other health workers, and especially parents.

Recommended programme cooperation, mid-1994-1996

Estimated annual expenditure

(In thousands of United States dollars)

	1994	1995	1996	Total
General resources				
Child health	350	350	350	1 050
Nutrition	260	260	260	780
Education	75	75	75	225
Family/child welfare	75	75	75	225
Programme support	140	140	140	420
Subtotal	900	900	900	2 700
Supplementary funding				
Child health	200	200	200	600
Nutrition	100	100	100	300
Subtotal	300	300	300	900
Total	1 200	1 200	1 200	3 600

a/ An unexpended balance of $439,000 from general resources will be carried over to 1994. Additional general resources in the amount of $461,000 are requested for 1994, thereby bringing the three-year general resources total to $2,261,000.

Country programme framework

48. The basic framework for the country programme for 1994-1996 in Mongolia is derived from the current country programme, the NPA and country development priorities. The NPA provides Mongolia with a comprehensive framework for achievement of national goals for the survival, protection and development of children in the 1990s. To strengthen advocacy and social mobilization, the Government will sponsor a workshop for officials from sectoral ministries and members of the parliament to raise their awareness of NPA goals and to define their roles in the implementation and monitoring of these goals. The national workshop will be followed by similar activities at city/provincial and district levels in cooperation with local governments. An NPA Coordinating Committee, with participation of principal ministries and organizations, will assess progress and chart strategies for resource generation and political mobilization in support of the NPA. New mechanisms are being developed to provide a safety

net of social services during the period of transition. These mechanisms may build upon a more collaborative set of roles among the national Government, local governments, NGOs and the private economic sector.

49. As stated above, this three-year programme will concentrate on preventing further deterioration of basic social services to help ease the transition to a more market-oriented economy. Preparation of the country programme has involved consultation with the National Development Board (NDB), participation of sectoral ministries and the National Centre for Children (NCC). The country programme is intended to build local capacity to implement, monitor and evaluate programme activities as well as to promote maximum community involvement in all these undertakings. As follow-up to the NPA, a total of 14 mid-decade goals for Mongolia have been elaborated recently: six relate to child health; six to nutrition; one to primary education; and one to care for children in especially difficult circumstances. This three-year programme will provide partial support to carry child-related development activities through a particularly difficult economic period. Many high priority activities initiated in the 1991-1993 cycle will be continued and enhanced; some activities will be refocused so they will be more fully supportive of the achievement of the mid-decade goals.

50. In addition to the basic framework, this programme of cooperation will endeavour to mobilize strategic partners within the Government, NGOs and sister United Nations agencies to direct their projects and resources towards the attainment of the NPA and the proposed country programme. Furthermore, a critical strategy in the achievement of the objectives of the programme of cooperation will be the strengthening of intersectoral and sectoral coordination for increased efficiency in the use of human and financial resources.

Child health

51. The objectives of the UNICEF-assisted health activities will be to support achievement of the following mid-decade goals for Mongolia: (a) universal child immunization (UCI)/EPI: coverage greater than 80 per cent for all six EPI antigens by one year of age; eradication of poliomyelitis; elimination of neonatal tetanus; and reduction of measles cases by 90 per cent and deaths by 95 per cent; (b) CDD: correct ORT use and feeding practices for at least 80 per cent of diarrhoeal episodes in children under five years old; (c) control of ARI: standard ARI case management available, including adequate supply of drugs, in all hospitals and clinics; and (d) promotion of a safe motherhood initiative to reduce maternal mortality by 30 per cent.

52. The vaccine component of the UCI programme was covered mainly by WHO through the end of 1993. The demand for vaccines has grown in response to an increase in the target population, and WHO alone can no longer support this activity due to resource constraints. Thus UNICEF and the Government will support efforts of the Ministry of Health to ensure adequate supplies of essential vaccines, increase immunization coverage, strengthen and maintain the cold chain, and strengthen monitoring and surveillance capacity. With regard to CDD, over 1,500 physicians and other health workers have received CDD case management training since 1990, with UNICEF assistance. This training will be continued, with greater emphasis on hands-on practices. In past years, ORT "corners" have been set up in all 310 hospitals during the diarrhoea season

between June and August for the purpose of instructing parents in home therapy. This activity will receive ongoing support. Capacity for monitoring and measuring progress towards CDD goals will be strengthened in collaboration with WHO. Hygiene education and communication, based on Facts for Life and utilizing radio and television, as well as print media, will be undertaken in cooperation with the water supply and sanitation technical assistance and capacity-building project recently initiated by UNDP, the World Bank and the Government of Sweden.

53. With regard to ARI, UNICEF will continue to support the National ARI Control Programme, implemented jointly by the Ministry of Health and WHO, to reduce mortality from pneumonia and other ARI through improved case management, as well as prevention. In addition to training of physicians and other health workers, improved ARI case management will require a dependable supply of antibiotics at all levels, with adequate oxygen delivery capability at all referral hospitals. With regard to the safe motherhood initiative, UNICEF will continue to support the national safe motherhood programme which includes activities such as BFHI, antenatal and post-natal care, in-service training of 1,400 MCH workers and training of mobile health workers to cover 25 per cent of the nomad population. The programme was established by the Ministry of Health, with assistance from UNFPA and UNICEF.

Nutrition

54. The objectives of UNICEF-assisted nutrition programme will be to support the achievement of the following mid-decade goals: (a) promotion of breast-feeding: all hospitals practising the "10 steps" and certifiable as baby-friendly by 1995; exclusive breast-feeding rate over 60 per cent; and a continued breast-feeding rate (at one year) of over 85 per cent; (b) reduction of protein-energy malnutrition: reduction of below 2 standard deviations for weight/age and height/age in children under five years old to 10 per cent and 15 per cent, respectively; (c) virtual elimination of IDD: all salt produced and imported for human consumption to be adequately iodized; and (d) virtual elimination of rickets/vitamin D deficiency: vitamin D supplementation provided to at least 80 per cent of children less than three years of age.

55. UNICEF will support BFHI training to introduce the "10 steps" and other BFHI concepts as widely as possible and to produce a cadre of 12 master trainers at the national level. The master trainers will hold training sessions in three cities and 18 provincial hospitals throughout Mongolia. Trainers in each province, with the support of a master trainer, will then train staff of 310 district hospitals. UNICEF will support information, education and communication activities to raise awareness of the benefits of breast-feeding in the entire population, with particular attention to mothers. Government policy makers and physicians will be provided with special advocacy tools to promote and support successful breast-feeding.

56. NRC holds primary responsibility for nutrition surveillance. UNICEF will support efforts to strengthen the capacity of NRC for the collection and analysis of data on the nutritional status of children and household food availability/security, and to carry out additional field investigations to monitor changes during the present transition period. With regard to IDD, UNICEF will continue to support selected activities of the national IDD control

programme established in 1992 under the Ministry of Health. Activities selected for UNICEF support include compilation of adequate baseline data; development of laboratory and field capacity for monitoring; provision of iodized- oil supplementation to pregnant women and infants; efforts towards full-scale production and country-wide distribution of iodinated salt; and raising awareness of the IDD problem and means for its correction, through the mass media such as radio and television.

Basic education

57. The main objective of the basic education programme is to contribute to the mid-decade goals for Mongolia: completion of primary education by at least 80 per cent of children 14 years of age, through formal schooling or non-formal education of a comparable standard, while virtually eliminating gender disparity.

58. To address the problem of primary school drop-outs and expedite progress towards the mid-decade goal, the newly-proposed programme of cooperation between UNICEF and the Ministry of Science and Education would include the following activities: in-service teacher training, non-formal education and curriculum planning and development; development of complementary non-formal programmes for providing learning opportunities to primary school drop-outs; development of functional and sustainable approaches to retraining-reorientation of primary school teachers to enable them to effectively implement a revised curriculum; and empowerment of parents and family members, via parents' schools, with the knowledge and skills required to help young children meet their developmental and learning needs.

Family and child welfare

59. The main objectives of the UNICEF-supported family and child welfare programme are: (a) to improve the socio-economic status of women by enhancing their literacy level and earning capacity; (b) to improve child-rearing practices; and (c) to provide improved protection for children in especially difficult circumstances.

60. In cooperation with NCC, UNICEF will support efforts to improve the status of women through income-generating activities linked with literacy programmes. UNICEF will support efforts to strengthen the capacity of NCC to disseminate information to improve child-rearing practices and the involvement of parents and caretakers in meeting the development needs of children and ensuring that their rights are protected. Training programmes will be supported for activities in social mobilization and media planning.

61. UNICEF will support activities for children in especially difficult circumstances initiated by NCC to study street children and neglected children in all cities and selected provincial centres, using survey and rapid assessment procedure methods; provide needed technical assistance to NCC; develop indicators and establish a national monitoring system in cooperation with city and provincial social services, police and NGOs; and conduct a national workshop for city/provincial directors of social services and NCC to review findings of the study, identify risk factors and root causes of street/neglected child

phenomena, and develop strategies for prevention by providing technical assistance.

Programme coordination and management

62. The country programme is coordinated by NDB headed by the chairman, who is also Minister of State. Through this link, UNICEF works directly with national sectoral ministries such as those for health and education, and with NGOs, such as the Mongolia Women's Federation (MWF) and Mongolia Red Cross. Specifically, health and nutrition projects are coordinated through the Ministry of Health; education projects through the Ministry of Science and Education; and for children in especially difficult circumstances through NCC. Programme support for national, regional and local capacity-building in planning, monitoring and evaluation for children will be provided through NDB, NCC, MWF and the NGOs.

63. Programme coordination will be maintained by the assistant representative under the direct supervision of the representative of the Beijing area office for China and Mongolia. In addition to the assistant representative, the Ulaanbaatar office is staffed, by one national programme officer, an assistant programme officer and an administrative and finance assistant to administer the Mongolia country programme.

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FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE MIDDLE EAST AND NORTH AFRICA REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Iraq	3 000 000	13 000 000	1995-1996
Palestinians in:			
Lebanon	350 000	350 000	1995
Syrian Arab Republic	200 000	-	1995
West Bank and Gaza	725 000	35 000 000	1994-1995

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

I. IRAQ

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	8.9
Under-five mortality rate (per 1,000 live births)	80
Infant mortality rate (per 1,000 live births)	64
Underweight (percentage moderate/severe)	12/2
Maternal mortality rate (per 100,000 live births) (1989)	120
Literacy (percentage male/female)	70/49
Primary school enrolment (percentage net, male/female)	90/78
Percentage of grade 1 reaching grade 4 (1988)	58
Access to safe water (percentage) (1991)	54
Access to health services (percentage)	97/78
GNP per capita, 1991 (dollars)	1 500
One-year-olds fully immunized against (percentage):	
tuberculosis:	82
diphtheria/pertussis/tetanus:	73
measles:	90
poliomyelitis:	64
Pregnant women immunized against (percentage):	
tetanus:	45

1. When the Gulf crisis erupted in August 1990, the programme of cooperation for the period 1990-1994 approved by the Executive Board (E/ICEF/1990/P/L.22) could not be implemented as planned. As a result, the approved level of general resources of $2,850,000 was reprogrammed to provide emergency programme needs. This resulted in an accelerated utilization of funds.

2. Therefore, in 1993, the Executive Board approved $4 million from general resources and $13 million in supplementary funding to cover the period 1993-1994 (E/ICEF/1993/P/L.15). Although implementation of the programme began only six months prior to preparation of the current submission, the programme is well on course in importation and distribution of supplies, training/capacity-building and communications and advocacy to improve the situation of children and women.

3. During the period 1990 to October 1993, supplementary contributions of $122 million were received to implement emergency programmes in basic health, water supply and sanitation, nutrition and education. Thus the regular programme and the emergency programme are complementary.

Programme cooperation, 1993-1994

4. The situation of children and women in Iraq as described in the 1993 country programme recommendation remains the same. After the Gulf War, infant and child mortality rates increased from 28 and 48 per 1,000 live births to 64 and 80 per 1,000 live births, respectively. The percentage of low-birth-weight babies (under 2.5 kilograms) increased from 5 to 12 per cent. Diarrhoeal diseases became the number one killer of children under five years of age. A sudden increase in cases of acute respiratory infection (ARI) was also evident. Data from 30 cluster nutrition surveys conducted in the three northern governorates in December 1993 indicate a prevalence of severe and moderate malnutrition among children under five years old of 1 and 7 per cent, respectively. Cases of marasmus and kwashiorkor continue to be reported in the rest of the country. Although the problem of malnutrition has not escalated over recent months, it must still be addressed across the country. School enrolment of girls has declined and there has been an increase in the drop-out rate. As the war increased the number of female-headed households, it also imposed greater pressure on more girls to help with the workload at home. Many children also were forced to work to supplement family income. In addition, many children suffered from war-related traumas. Owing to the destruction of service infrastructure for health, water supply and sanitation and education, as well as lack of spare parts and shortage of medicine and other supplies, UNICEF assistance was required to bolster a fragile social service system.

5. The 1993-1994 country programme was developed to help progress from rehabilitation towards normality, and it was designed to complement and supplement the United Nations Inter-Agency Humanitarian Programme. The 1993-1994 period of cooperation established the basis for a longer five-year perspective. As such, this cooperation responded to the global goals for Iraq.

6. The main objectives were to contribute to the reduction of the infant mortality rate and maternal mortality rate and to improve the overall development of infants, children and women.

7. The health programme had five priorities: expanded programme on immunization (EPI); control of diarrhoeal diseases (CDD); maternal and child health (MCH); control of ARI; and childhood disability.

8. In the expanded programme on immunization, 1,500 medical doctors, nurses, health workers and vaccinators are being trained to reduce vaccine-preventable diseases; and 200 technicians are being trained in repair and maintenance of cold-chain equipment. Intensive immunization campaigns were launched during 1992 and 1993 to boost coverage. Supplies of vaccines, needles and syringes were maintained during 1993, with additional support provided through emergency funds. During the 1993/94 school year, the Ministry of Health is carrying out an anti-tuberculosis immunization campaign to reach all schoolchildren who had not received anti-tuberculosis vaccines.

9. Control of diarrhoeal diseases aims to reduce significantly morbidity and mortality due to diarrhoea through the use of oral rehydration therapy (ORT) for all children under five years of age. A CDD campaign was launched in April 1993 and was accelerated through country-wide distribution of oral rehydration salts

(ORS), training and social mobilization activities to promote proper case management of diarrhoeal diseases, use of home-made fluids, identification and referral of severe cases, promotion of breast-feeding and hygiene education for 1,000 doctors, nurses and supervisors.

10. The objectives of acute respiratory infection services were to reduce mortality due to such infection, particularly pneumonia, by 10 per cent; to reduce complications resulting from acute upper respiratory infections; and to promote the correct use of antibiotics in the treatment of acute respiratory infections, which was particularly beneficial in northern Iraq where many children are affected. Training of doctors, medical assistants and mothers has been carried out. A nationwide ARI campaign was launched on 11 October 1993. A consultancy for translation and dubbing of an ARI film and for training health staff was also supported.

11. UNICEF-sponsored studies reveal that, as a result of the Gulf War, psychological and emotional problems are still common among many children. Thus UNICEF supports day-care centres and psycho-social service for children. The programme aims to raise public awareness about war-related stress on children and to build national capacity to address the problem. The Psycho-Social Rehabilitation Centre has been established at Baghdad. Two regional centres, one at Mosul and the other at Basra are in operation. The Centre at Baghdad has trained 30 master trainers and provided treatment for 462 traumatized children and 69 families. UNICEF has provided the Centre with intelligence test kits, training manuals, toys, teaching aids and consultancy support.

12. The water supply and sanitation programme is focusing on repair and maintenance of water supply facilities through the provision of technical assistance, spare parts and equipment. Rehabilitation of sewage disposal systems is also taking place as a carry-over from the emergency programme. Steps are being taken to evolve to a regular programme by promoting the use of low-cost technology, particularly in northern Iraq, with an emphasis on hygiene education, national capacity-building and the establishment of monitoring systems.

13. The introduction of the government food rationing system in cooperation with UNICEF and other United Nations organizations helped to ease nutritional deprivation. A UNICEF-supported study showed that malnutrition, which had skyrocketed during the Gulf War, had eased somewhat. Consequently, UNICEF has generally started phasing out the supplementary feeding programmes. There may be need, however, to strengthen involvement in the three northern governorates by providing supplementary feeding. Food will also be provided for hospital-based therapeutic feeding. UNICEF is also concentrating on the promotion of breast-feeding, preparation of appropriate weaning foods and growth monitoring and promotion. In 1993, the Baby-Friendly Hospital Initiative (BFHI) was introduced in four hospitals.

14. The Government of Iraq plans to iodize salt for country-wide distribution. UNICEF has assisted by providing potassium iodate and supporting the preparation of information, education and communication materials.

15. The primary school drop-out rate has increased from a pre-war level of 3 per cent to 17 per cent. A pilot school feeding project launched at Suleimaniyah during the winter of 1992 and 1993 benefited some 25,000 schoolchildren, with school attendance increasing by an estimated 25 per cent over the previous year. UNICEF has also provided assistance for the rehabilitation of water/sanitation systems in schools and for supplies, equipment, school furniture, kerosene heaters and kerosene to improve the teaching and learning environment.

16. As a result of UNICEF advocacy and support, the Iraq National Assembly ratified the Convention on the Rights of the Child in April 1993. Preparatory work on the national programme of action is well under way. A multisectoral National Childhood Welfare Committee has been established to oversee the drafting of the national programme of action and all development policies related to children.

17. Social mobilization initiatives have established linkages between the health, early childhood development (ECD) and the planning/research programmes. A government multisectoral committee prepared a version of Facts for Life messages entitled "For a Better Life", which was distributed widely throughout the country.

18. The media in Iraq helped to raise public awareness regarding the needs and concerns of children, especially among religious leaders, extension workers, local councils and non-governmental organizations (NGOs). Three hundred professionals in government, NGO staff, health educators and broadcasters are being trained. Two hundred radio and television producers will be trained to prepare and broadcast programmes on health issues. Information and education materials also continue to be produced to mobilize the support of the donor community.

19. Reliable data on the social situation of children and women in Iraq are limited. Therefore, the Mother and Child Unit created by the Central Statistical Organization in the Ministry of Planning aims to collect and analyse data on children and women. It is also assisting in the preparation of the national programme of action and will monitor the mid-decade goals and the goals for the year 2000.

United Nations Inter-Agency Humanitarian Programme

20. After the memorandum of understanding between the United Nations and Iraq expired in June 1992, United Nations assistance to Iraq slowed down considerably. However, field activities of United Nations organizations and international NGOs have begun again and cover the entire country, with a particular focus on the northern areas. For the period from October 1992 to March 1993, UNICEF emergency assistance amounted to $86 million. An EPI campaign was launched to strengthen immunization coverage; essential and life-saving drugs were provided; a supplementary and therapeutic feeding programme was implemented; support was also given for the rehabilitation of schools and provision of school supplies; and 68 million litres of kerosene were provided to 750,000 families.

21. A new programme covers the period from 1 April 1993 to 31 March 1994; the UNICEF share is $85 million. By the end of November 1993, UNICEF had received $28.2 million in contributions. The programme supports the supply of essential drugs; restoration of water supply and sewage systems; and various primary health care (PHC) activities such as immunization, CDD and ARI measures and the training of medical and paramedical staff in PHC. International NGOs such as the Cooperative for American Relief Everywhere, Inc., the Oxford Famine Relief Campaign and Associazione Volontari per il Servizio Internazionale are collaborating closely with UNICEF in the implementation of the current humanitarian programme. The target of providing 120 million litres of kerosene has been met.

Recommended programme cooperation, 1995-1996

Estimated annual expenditure

(Thousands of United States dollars)

	1995	1996	Total
General resources			
Health	875	525	1 400
Nutrition	50	30	80
Water supply and sanitation	250	75	325
Education	400	150	550
Young child development	75	35	110
Advocacy and communications	250	125	375
Planning and social statistics	100	60	160
Subtotal	2 000	1 000	3 000
Supplementary funding			
Health	3 000	3 000	6 000
Nutrition	300	450	750
Water supply and sanitation	950	1 500	2 450
Education	925	1 450	2 375
Young child development	750	500	1 250
Advocacy and communications	75	100	175
Subtotal	6 000	7 000	13 000
Total	8 000	8 000	16 000

22. The 1995-1996 country programme will continue to help rehabilitate social service infrastructure and will phase in a selected set of mid-decade goals to improve the prospects for achievement of the goals for the year 2000. The major strategies for programme implementation include addressing generic MCH services with linkages between national and integrated area-based approaches;

coordinating UNICEF-assisted programmes at the national level through the National Childhood Welfare Committee; supporting training and capacity-building efforts; addressing women's concerns; and promoting community participation and cross-sectoral collaboration at the community level.

23. The programme will go through a transition phase from rehabilitation towards a regular country programme. If the economic situation improves, such activities as the provision of vaccines, cold-chain equipment, supplies and equipment for water and sewerage systems will be phased out in favour of development activities in nutrition, health, ECD and primary education.

24. Seven major programme areas will be covered. They comprise the rehabilitation and expansion of services in health, nutrition, water supply and sanitation, education, young child development, programme support in advocacy/communications and planning and social statistics. The draft national programme of action is a principal reference for the programme.

Health

25. The health programme will include five major priorities: EPI; CDD; MCH; control of ARI; and childhood disability. The overall objective is to achieve the mid-decade goals and, thereby, progress towards achieving the goals for the year 2000 by strengthening the PHC system. Thus the health programme has strong linkages among the five priorities, as well as linkages with the nutrition programme to strengthen overall impact.

26. The expanded programme on immunization aims to strengthen regular immunization services and move away from campaigns; increase immunization coverage of infants against the six antigens to 90 per cent and coverage of women of child-bearing age against tetanus to 75 per cent by 1995; reduce mortality due to measles by 50 per cent and morbidity due to measles by 50 per cent as compared to 1990 levels; eradicate poliomyelitis in five selected governorates; and reduce neonatal tetanus by 50 per cent. A coverage survey will be conducted in early March 1994 to establish baseline data. Traditional birth attendants will be trained by 1995 and provided with kits. A system will be established for regular reporting of neonatal mortality through the Ministries of Health and Planning. Vaccine needles, syringes and cold-chain equipment will be provided.

27. The aim of the control of diarrhoeal diseases is to achieve 80 per cent use of ORT by 1995 and virtually full ORT coverage of under-five-year-old children affected by diarrhoea-related dehydration by 1996. Supplies and equipment will be provided to improve the diarrhoea treatment units and ORT corners. The prevention of diarrhoea will be addressed by promoting health education, especially breast-feeding and the preparation of appropriate weaning foods. Local NGOs will be supported to strengthen communication with communities. Support will also continue to be given to improve the quality of water supply and sanitation facilities.

28. The aim in maternal and child health is 80 per cent coverage of high-risk pregnancies with prenatal and post-natal care. Medical officers, paramedical staff, nurses and traditional birth attendants will be trained to provide

improved MCH services throughout the country. Health and pregnancy-related education for mothers of children under five years of age will be a top priority.

29. The objective of the control of acute respiratory infection component is to reduce mortality of under-five-year-old children by 10 per cent. Activities will include training of programme managers, supervisors and parents. Mass media campaigns will help to raise awareness of community leaders, NGOs and health workers. UNICEF will support research to identify the prevalence and causes of ARI and to identify improvement in health policy related to those infections. CDD and ARI initiatives will be integrated in line with World Health Organization (WHO) guidelines to improve cost-effectiveness.

30. Early detection and community-based rehabilitation of children with marginal disabilities (estimated at between 2 and 5 per cent of all children enrolled in schools) will be the objective of the childhood disability project. The training of parents, schoolteachers and health workers will be supported. The prevention of disabilities through immunization against vaccine-preventable diseases will be promoted nationwide.

Nutrition

31. The nutrition programme will focus on the promotion of growth monitoring and elimination of micronutrient deficiencies.

32. The promotion of growth monitoring aims at improved prevention and detection of child malnutrition. Initially, growth monitoring will cover 30 per cent of all children under the age of five years. The promotion of breast-feeding, the training of various cadres of health staff and the expansion of BFHI to cover all maternal and child hospitals will also play important roles in the reduction of malnutrition by 20 per cent, based on the 1990 level. UNICEF will collaborate with selected universities to conduct surveys on the nutritional status of children and to identify such policy-related risk factors as socio-economic, demographic, health, nutrition and food consumption status. Some 1,000 health staff will be trained in nutrition-related fields.

33. The objective in the area of micronutrient deficiencies is to reduce anaemia and vitamin D deficiencies to 33 per cent among mothers and pregnant and lactating women; virtually to eliminate vitamin A deficiency; and to promote universal iodization of salt so as to achieve the mid-decade goals. Training will reach 1,000 medical and paramedical staff who serve pregnant women. The publication "For a Better Life" will be used to impart nutrition education to pregnant and lactating mothers. Kitchen-gardening will enable families to have access to inexpensive and fresh food. The nutrition programme is part of the area-based programme in selected governorates.

Water supply, sanitation and hygiene

34. This programme includes providing safe drinking water; improving access to sanitary means of excreta disposal; furnishing mothers with basic knowledge related to personal hygiene/environmental sanitation; and training health

workers, schoolteachers and children in the content of hygiene education in order to reduce the incidence of cholera, typhoid and diarrhoea among children.

35. On the basis of an evaluation of the emergency operation, if the economic situation improves, there will be a gradual scaling-down of support to larger-scale water supply schemes in favour of smaller systems that use low-cost technology, with an emphasis on hygiene education. Careful planning and management will be initiated to transform the water supply and sanitation emergency/rehabilitation programme into a regular programme with an emphasis on national capacity-building, community involvement and monitoring systems.

36. The programme will provide a package of water supply, sanitation and hygiene education to selected governorates under the integrated area-based approach. Hygiene education packages will cover 4,000 health workers, schoolteachers, parents and children. Training materials will be tested in selected areas for nationwide use. Intersectoral coordination between the Ministries of the Interior, Health and Education will lead to a common strategy for the use of extension workers and more sharing of resources to economize on costs. Local NGO staff will be trained to undertake hygiene education with communities.

Education

37. Non-formal education will evolve according to the findings and recommendations of a pilot project that was carried out in 1992. Surveys will be undertaken to identify the areas in need of non-formal education, particularly for girls, with the participation of local project authorities. The project aims to increase knowledge of basic life skills among 50 per cent of all school-age girls in the selected governorates. Priority will be given to training teachers and providing them with communication materials and other educational supplies. Literacy training for 800 mothers, inter alia, will increase their awareness of the importance of education for girls and also help those women to benefit more from existing basic services.

38. The formal education project will address the needs of primary school children by upgrading the quality of teachers. UNICEF will also support the training of an additional 200 trainers and 1,000 teachers, especially female primary schoolteachers, and will provide some basic simple educational supplies for students and teachers in 10 per cent of primary schools in selected governorates.

Young child development

39. The objective of this programme is to address the development needs of the young child on the basis of four interrelated factors: changes in family structure; lower living standards; psychological consequences of war; and lack of facilities for development of young children under the age of six years.

40. Major activities will include training, the provision of supplies and technical assistance, monitoring/evaluation activities and social mobilization. A video-based parent education service will provide essential knowledge and basic information on child development.

41. The day-care centres project will train an additional 50 master trainers, 1,000 caregivers and 2,000 mothers in urban and rural areas in early childhood care; establish two day-care centres at Mosul and Basra; and develop integrated pre-school education services.

42. The project on psycho-social support for children with war-related trauma and stress will be implemented by the national centre at Baghdad and the two regional centres at Mosul and Basra that are to be established. The objective is to train 800 child-care personnel, social workers and schoolteachers, as well as 1,000 mothers, fathers and older siblings in the home-based rehabilitation of traumatized children. A video on therapeutic communication for parents and their traumatized children will be prepared.

Advocacy and communications

43. In the light of the goals for the 1990s, communities will be mobilized to contribute more to, and benefit more from, maternal and child services. Communication activities will give priority to mobilizing community leaders as watchdogs for children's rights. The publication "For a Better Life" will be the basis for all programmes to promote nationwide Fact for Life messages. Local writers, artists and craftsmen will be sensitized to issues and concerns of children and women as identified in the situation analysis.

44. The National Childhood Welfare Committee periodically reviews progress towards implementation of this cooperation and advocates the improvement of the status of children and women. Appropriate linkages will be developed with all programmes through the creation of a multisectoral advisory group under the Ministry of Information, which will include the Ministries of Health, Education, the Interior, Planning, Labour and Social Affairs, as well as NGOs.

Planning and social statistics

45. Planning and monitoring development programmes, especially pertaining to vulnerable groups, has emerged as a major challenge given the socio-economic impact of the Gulf War. UNICEF will continue to support monitoring as a means of achieving the goals for the years 1995 and 2000. UNICEF, in collaboration with the Mother and Child Unit of the Central Statistical Organization, will support the training of statisticians and researchers to improve social statistics on gender and localities for strengthening monitoring and evaluation related to the process of the national programme of action.

46. Training activities will promote local-level planning for community participation, especially for community representatives. Selected government officials will attend training programmes on new approaches in integrated, area-based programming to enable them to implement more effectively the country programme and to operationalize the national programme of action at the local level throughout the country.

47. The Executive Board is requested to approve $3 million from general resources and $13 million from supplementary funds for the period 1995-1996 as a transition towards a regular five-year programme of cooperation in 1997.

II. PALESTINIANS

Basic data (1991 unless otherwise stated)

	Jordan	Lebanon	Syrian Arab Republic	West Bank and Gaza
Total population (thousands)	1 400	370	340	1 682
Under-five mortality rate (per 1,000 live births)	60	n.a.	64	55
Infant mortality rate (per 1,000 live births)	50	53	53	42
Primary school enrolment (percentage, gross)	91	94	100	102
Literacy (percentage, male/female)	90/72	90/83	94/81	60
GNP per capita, 1990 (dollars)	n.a.	n.a.	1 110	1 275
One-year-olds fully immunized against (percentage) :			97	>90
tuberculosis:	97	95		
diphtheria/pertussis/tetanus:	98	95		
measles:	87	95		
poliomyelitis:	98	95		
Pregnant women immunized against (percentage) :				
tetanus:	75	90	66	

48. Programmes of cooperation for Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the West Bank and Gaza were approved by the Executive Board for the periods 1994-1997 (E/ICEF/1993/P/L.20), 1992-1994 (E/ICEF/1992/P/L.32), 1991-1994 (E/ICEF/1991/P/L.23) and 1992-1994 (E/ICEF/1992/P/L.32), respectively. The initial plans were to submit to the Executive Board in 1994 three-year programme recommendations for Lebanon, the Syrian Arab Republic and the West Bank and Gaza. In view of the signing of the Declaration of Principles by Israel and the Palestine Liberation Organization on 13 September 1993, expected developments during the first two years of the transition will necessitate submitting short-duration recommendations. This will allow for more effective programme adjustments, establishment of working relations with the emerging structures and more time for preparing a programme for a longer cycle.

The situation of children and women

49. The total Palestinian population is estimated at 3.8 million, fewer than 45 per cent of whom live in the West Bank and Gaza. There is high annual

population growth, with a young age structure. In contrast with the West Bank, which has a large rural population, most groups of Palestinians are highly urbanized. In Jordan, Lebanon and the Syrian Arab Republic, more than 60 per cent of registered Palestinians live in refugee camps and underserved squatter areas. Greater Gaza City is, by far, the largest urban area in the occupied territories.

50. Palestinians have been affected severely by poor economic and living conditions. As a result of civil strife in Lebanon, economic recession in Jordan and a weakened economy of the occupied territories, currencies lost a substantial portion of their international values, the cost of living increased substantially and unemployment climbed to over 30 per cent. The Gulf crisis worsened the economic situation of many Palestinian families who relied heavily on economic activities linked with the Gulf countries; more than 25,000 workers from the Gulf returned to the occupied territories in 1991. Daily power cuts in Lebanon led to poor water supply. Although 98 per cent of Palestinian shelters have private latrines, there is serious lack of appropriate sewerage systems in all the camps. Overcrowded and unsanitary conditions have turned the displacement camps into slums.

51. The infant and under-five mortality rates fall in the range of 42 to 53 and 55 to 64 per 1,000 live births, respectively, the rates being somewhat higher in squatter communities and overcrowded areas. The major causes of infant mortality are low birth weight/prematurity, congenital malformations, gastroenteritis and ARI. Diarrhoeal diseases and ARI are the leading causes of death among children under five years of age. Registered Palestinians are provided with PHC services through a network of health centres and MCH centres run by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). Palestinians also benefit from the services of hospitals and dispensaries run by the Palestinian Red Crescent Society (PRCS), mainly inside the camps. In addition to UNRWA and PRCS, several Palestinian philanthropic associations, international NGOs and private physicians provide health services. While immunization coverage is over 85 per cent for all antigens and ORT is commonly used, services provided by NGOs and the private sector usually do not focus on prevention and are of uneven quality. Misuse of antibiotics for treating diarrhoea and ARI is common.

52. Little is known about birth practices and service quality. The proportion of births by trained attendants ranges from 50 per cent in camps in Jordan to 80 per cent in Gaza. Data on the maternal mortality rate vary from zero for registered pregnant women, who are under UNRWA supervision in Lebanon, to 93 per 100,000 live births in the Syrian Arab Republic. Among the major causes are haemorrhaging, pre-eclampsia and womb lacerations.

53. The enrolment rate of Palestinian children is above 90 per cent in primary school, with no significant gender bias. Secondary school enrolment, however, shows a lower enrolment of girls than boys. The UNRWA school system provides primary and preparatory education for the majority of registered Palestinian children. The primary school drop-out rate may reach 30 per cent. In the occupied territories, overcrowded classes, ill-equipped schools, under-trained teachers and extended school closures since the onset of the intifadah have limited the quality of education. The modest coverage and quality of pre-school

education provided by NGOs and limited stimulation opportunities for young children in their communities and homes are major concerns.

54. The responsibilities of Palestinian women differ from those of women in many other Arab societies owing to the unique nature of life in refugee communities and in camps. The high value placed on education and the need for women to head households in the absence of adult males because of education, employment or military obligations promote women's participation in family and community decision-making.

55. During the intifadah, there were many casualties, particularly children who require physiotherapeutic and psychotherapeutic care. In addition, the suspension of sports, educational and cultural clubs and community-based activities has reduced substantially non-formal learning opportunities for children and young people in the occupied territories.

Review of programme cooperation

56. A mid-term review of the UNICEF-assisted programme for Palestinians in the Syrian Arab Republic was held in May 1993. The lessons learned highlighted recommendations to (a) retain the priorities of the programme; (b) ensure that national efforts to achieve global mid- and end-decade goals include the Palestinian community; (c) strengthen programmatic links with Palestinian NGOs and grass-roots organizations; (d) expand UNICEF cooperation in experience exchange and in cooperation between UNRWA and the Ministries of Health and Education; (e) focus early childhood development activities on empowering parents and other caregivers with essential knowledge; and (f) strengthen cooperation between the Palestinian programmes in the Syrian Arab Republic and those in Jordan, Lebanon and the West Bank and Gaza.

57. A review of programme implementation for Palestinians in Lebanon is planned for early 1994. Among lessons learned are that the programme should place emphasis on building the capacity of Palestinian counterpart NGOs; empowering communities, families and women with basic skills and knowledge for better living; promoting social mobilization; and developing comprehensive monitoring and reporting systems. Since registered Palestinians are reasonably well covered by UNRWA services, UNICEF should focus on those living outside camps who are not reached by either government or UNRWA assistance.

58. Since 1980, in the West Bank and Gaza, UNICEF has supported immunization, CDD, ECD and water supply and sanitation services. UNICEF responded to the intifadah with a joint UNRWA/UNICEF emergency physiotherapy programme which, by 1991, had treated more than 5,000 casualties. The cooperation of 1992-1994 strengthened the capacity of health and education institutions to address problems resulting from physical and psychological trauma through three components: (a) strengthening local PHC organizations through training and cooperation in universal child immunization, nutrition, ARI, CDD and maternal health; (b) upgrading the education system through teacher training, development of remedial education, self-learning and active learning packages and resource centres, and strategies to bring educational and child development messages into the home and the community; and (c) supporting the childhood disability and rehabilitation programme previously mentioned. Emergency physiotherapy services

as well as psychological services for traumatized children are being strengthened.

Recommended programme cooperation

59. Recent developments, which culminated in the Declaration of Principles of 13 September 1993, have had a direct effect on the cooperation programmes for Palestinians. The joint United Nations Development Programme (UNDP)/UNRWA/UNICEF project for youth in the occupied territories became a stepping-stone for much broader cooperation among the three bodies. At the request of the Secretary-General, a high-level task force from those organizations submitted a joint paper for the first year of the transition period requesting $138 million, which was the basis of the United Nations appeal in early October 1993. That paper was broadened for the Consultative Group meeting of December 1993 in Paris chaired by the World Bank. It outlined a framework of assistance for the first two years of the transition period. Simultaneously, UNICEF held consultations which strongly favoured harmonizing the programme cycles for Palestinians. As a result, UNICEF is submitting short-duration recommendations for Palestinians in the occupied territories, Lebanon and the Syrian Arab Republic for the period ending in 1995. That submission is an integral part of the joint United Nations paper. UNICEF will, subject to Executive Board approval, also abbreviate the cycle of the programme for Palestinians in Jordan approved by the Executive Board in 1993 for the period 1994-1997 so that it, too, becomes fully synchronized with the proposed programmes for Palestinians.

60. UNICEF will cooperate with various institutions. The Palestinian Economic Council for Development and Reconstruction will be the focal point for the ratification and implementation of the Convention on the Rights of the Child, the finalization of the national programme of action and the development and review of the programme framework. In the Syrian Arab Republic, the General Organization for Palestinian Arab Refugees (GOPAR) is currently the government agency responsible for overseeing the administrative and civil status needs of Palestinians. The Palestinian Red Crescent Society will be the counterpart body for health, with UNRWA maintaining the operation of its health delivery units. UNRWA is at present the main body responsible for public sector education. Other organizations with areas of interest to UNICEF are expected to emerge soon. An important UNICEF role will be in strengthening the capacities of active Palestinian NGOs, which currently manage community development, income-generating activities, adult literacy, health and young child-care services with minimal support. Coordination among these groups is not yet strong, and there are gaps in service coverage.

Recommended programme cooperation for Palestinians in Lebanon, 1995

Estimated annual expenditure

(Thousands of United States dollars)

General resources	
Health	80
Early childhood development	80
Women in development	100
Water supply and sanitation	50
Advocacy and planning	40
Subtotal	350
Supplementary funding	
Health	30
Early childhood development	150
Women in development	150
Water supply and sanitation	20
Subtotal	350
Total	700

61. This short-duration submission will expand on the objectives of the current (1992-1994) programme for Palestinians in Lebanon and contribute to achieving the mid-decade goals. It is based on a strong commitment of all partners to global priorities and strategies for the 1990s. The 1995 programme will be implemented to be responsive to a changing situation of Palestinians in the region as a whole. Thus UNICEF support will respond to priority needs in cooperation with UNRWA, PRCS and a network of Palestinian philanthropic associations and international NGOs.

62. The overall goal of the programme is to improve the quality of life of Palestinian children and women in Lebanon. The programme comprises four components: health; early childhood development; women in development; and water supply and sanitation. Advocacy, planning, monitoring and evaluation will form integral parts of each component. The common aim is to build on past experience and empower local associations and communities to meet the physical, emotional and socio-psychological needs of their children.

63. The programme strategy will emphasize the strengthening of partnerships with local and international NGOs and government institutions. Hence, a high priority will be inter-agency cooperation through policy dialogue and information analysis. Community empowerment and national capacity-building through strengthening of data reporting systems will continue to be major elements of programme strategy.

Health

64. Health objectives include (a) virtual elimination of neonatal tetanus, elimination of poliomyelitis and reduction of measles mortality by 95 per cent and morbidity by 90 per cent; (b) sustained vaccination coverage by all six antigens of more than 90 per cent of all infants, and 90 per cent coverage of all women of child-bearing age with tetanus toxoid; (c) sustained 95 per cent coverage of mothers with regular antenatal and post-natal care; (d) increased ORT use to 90 per cent; and (e) sustained universal availability of iodized salt. The programme will comprise EPI, CDD, child nutrition, safe motherhood and screening and treatment of childhood disabilities. To achieve those objectives, the programme will target the known causes of maternal and child mortality and morbidity.

65. Assistance for the expanded programme on immunization will help to sustain vaccination coverage of 90 per cent or greater of infants and women of child-bearing age. UNICEF will continue to provide vaccines, syringes, needles and cold-chain equipment to UNRWA service units and to PRCS and Medical Aid to Palestinians (MAP) clinics. Special attention will be given to the improvement of the disease surveillance system, maintaining effective cold-chain operations and strengthened social mobilization to sustain public awareness and support of UCI.

66. The control of diarrhoeal diseases project will continue to address diarrhoea-related morbidity and mortality among children under five years old through wide promotion of ORT in all PHC facilities and in families. Increased attention will also be given to the prevention of diarrhoea through the promotion of breast-feeding, continuous feeding during diarrhoea episodes and appropriate personal hygiene and sanitation. As a result, close linkages will be forged with the water supply and sanitation project. UNICEF support will include the provision of ORS sachets, as well as the production of promotional and educational materials using Facts for Life messages.

67. The focus in nutrition will be on capacity-building in nutrition education for preventive measures related to infant and child feeding practices, the elimination of vitamin A deficiency, the reduction of anaemia and the eventual elimination of iodine deficiency disorders. UNICEF will provide growth charts to all PHC facilities and support the training of health workers. Community-based meetings will help to educate and empower families to address the range of issues contributing to malnutrition and micronutrient deficiencies.

68. The safe motherhood project will train health workers and traditional birth attendants, with a strong focus on the pregnancy risk factors and approaches to prevent them, and on clean and safe deliveries. The project will support the upgrading of prenatal and post-natal care in PRCS and MAP facilities. In coordination with UNRWA, PRCS and MAP, workshops will be conducted for mothers in camps and displacement centres to improve their knowledge and practices in child growth promotion, personal hygiene, maternal nutrition, breast-feeding, immunization and safe motherhood.

69. In areas of childhood disability and rehabilitation, UNICEF support will focus on helping children and their families prevent and cope with physical

disability and psychological trauma. In conjunction with local and international NGOs, UNICEF will help to develop and promote systems for the prevention and early detection of childhood disabilities, which will be established within the PHC structure, in kindergartens and in primary schools. These agencies will also provide counselling for traumatized children and help to empower families and communities to care for their own children. In this context, UNICEF will support the training of teachers, health staff and parents in the care and counselling of children with disabilities and those experiencing trauma.

Early childhood development

70. The main objective of the ECD programme is to help children realize their cognitive, emotional and psycho-social development. UNICEF will support the inclusion of child-centred, play-oriented learning and early child stimulation methodologies into pre-school education services and home settings. The physical upgrading of kindergartens through the establishment of children's libraries and playgrounds also will be supported. The programme will continue its close linkage with the Lebanese Education for Peace programme, which will provide for the participation of Palestinian children in all of its activities.

71. UNICEF will collaborate with UNRWA in the development of new teaching methodologies, new diagnostic testing and a remedial education structure and will involve teachers, students and parents in efforts to improve the quality of primary education. A pilot project at Burj el-Barajneh for lower-elementary-level students with learning problems will be evaluated to serve as a reference for expansion of coverage.

Women in development

72. This programme will provide women with wider education and vocational skills to empower them to participate more widely in economic life. UNICEF will continue to support small-scale, cooperative income-generating and marketing activities for Palestinian families, especially for female-headed households. UNICEF will support family agricultural activities, which have the potential to achieve family nutritional security. All activities will be implemented in collaboration with Palestinian NGOs, which will sponsor participating families. A monitoring system for income-generation and marketing activities will be established to help strengthen the viability of programme objectives. The promotion of effective, local strategies to increase adult literacy among the Palestinian population, especially women, will be pursued by developing and disseminating sound models for literacy activities. Priority health and nutrition education messages will be incorporated into literacy materials.

Water supply and sanitation

73. This programme seeks to improve the quality and quantity of drinking water, promote healthy sanitary practices in displacement centres and achieve and sustain access to an average of 40 litres of water per person per day. The strategy is to organize community-managed water supply and sanitation schemes. Appropriate information materials using Facts for Life messages will be

disseminated to raise public awareness of proper practices for sanitation and safe disposal of human waste.

74. Monitoring and evaluation will be integral parts of this programme. Support will be provided to establish more detailed and up-to-date baseline data, to monitor trends and to serve as the basis for the evaluation of the programme and planning for the next programme of cooperation.

Cooperation with other organizations

75. Close cooperation with UNRWA and WHO will continue. UNICEF will also cooperate and coordinate with Palestinian philanthropic associations and those international NGOs that provide assistance to Palestinian children and women in Lebanon.

Recommended programme cooperation for Palestinians in the Syrian Arab Republic, 1995

Estimated annual expenditure

(Thousands of United States dollars)

General resources	
Health	80
Women and early childhood development	100
Programme support	20
Total	200

76. The objectives of the 1995 programme will expand on those of the 1991-1994 programme. The broad objectives of the national programme of action provide the framework for UNICEF cooperation.

Health

77. The health objectives are:

(a) To eliminate poliomyelitis, virtually eliminate neonatal tetanus and reduce the incidence of measles to near zero;

(b) To sustain immunization coverage of infants at more than 95 per cent for all antigens;

(c) To increase to 90 per cent the proportion of women of child-bearing age receiving at least two doses of tetanus toxoid vaccine;

(d) To reach 70 per cent of mothers and at least one health worker from each clinic with information on ARI case management and referral;

(e) To increase the use of ORT to 90 per cent;

(f) To reach 90 per cent of mothers with information on safe birth delivery;

(g) To achieve and sustain universal availability of iodized salt.

78. The programme consists of six components: EPI; CDD; control of ARI; safe motherhood; iodine deficiency disorders; and vitamin deficiency. The strategy is to sustain and improve past achievements through a strategy comprising capacity-building, community empowerment and service delivery.

79. As part of capacity-building efforts, UNICEF will continue to support in-service training of health staff of UNRWA and NGOs, the development of standardized treatment and care protocols and the improvement of reporting systems and baseline data. UNICEF will also continue to promote cooperation and exchange of experience between UNRWA and the Ministry of Health. In an effort to empower communities with critical life skills and knowledge, increased emphasis will be placed on a variety of social mobilization activities aimed at involving the mass media, women's leaders, schools, traditional birth attendants and local NGOs in community awareness-raising efforts. Support to service delivery will centre on strengthening the network of MCH services provided by UNRWA, GOPAR and Palestinian NGOs through the provision of essential materials and supplies. A stronger focus will be put on improving health services in unofficial camps, which are without access to UNRWA services.

80. Efforts to achieve the mid-decade goals within the Palestinian community in the Syrian Arab Republic are taking place largely within the context of broader national efforts. National programmes relating to the elimination of neonatal tetanus and poliomyelitis and the control of measles, launched in 1990, are being implemented in cooperation with UNRWA and thus include the refugee population. The universal access of Palestinians to radio and television should help national awareness-raising campaigns to promote ORT use among Palestinian households. The national Baby-Friendly Hospital Initiative launched in 1992 includes maternity facilities that are utilized by Palestinian women. Thus UNRWA health staff are included in in-service training on that initiative. A recently launched project on the national control of iodine deficiency disorders, involving the iodization of salt and provision of oil capsules in high-risk areas, covers the Palestinian community. A national study on the incidence of vitamin A deficiency scheduled for 1994 will also cover the Palestinian community.

Women and early childhood development

81. The primary objective of the programme is to develop community-based initiatives that will help women and children to achieve their potential. Increased efforts are being made so that women's development and ECD activities are linked and mutually supportive, wherever possible.

82. Early childhood development will increasingly emphasize strategies for empowering mothers and other caregivers within the home with the key knowledge and skills they need for guiding early childhood growth and development. UNICEF

will also continue to mobilize the numerous NGOs and community groups involved in ECD as a network and provide support for that network to expand the coverage and improve the quality of centres. Promoting the involvement of women and women's organizations in the network will be a high priority.

83. Women's development efforts will continue to centre on expanding income-generating opportunities for women, especially for female heads of household. UNICEF will seek to foster more community support through extensive advocacy and more mobilization of community groups, which could lead to income-generating activities for women. Combining income-generating activities with broader training in a range of basic life skills and knowledge, including key ECD skills needed by Palestinian women in their daily lives, will be a challenge.

Cooperation with other United Nations organizations

84. Close cooperation will be maintained with UNRWA and WHO in the development and implementation of programmes for Palestinians in the Syrian Arab Republic. Cooperation will be strengthened with the United Nations Population Fund in safe motherhood and with UNDP and the United Nations Development Fund for Women in women's development. Representatives of United Nations organizations will meet on a regular basis to exchange experiences and to coordinate activities. A strategy paper for cooperation in the Syrian Arab Republic is expected to be completed by the end of 1994. The programme cycles of the United Nations organizations will be synchronized starting in 1996.

Recommended programme cooperation for Palestinians in the West Bank and Gaza, 1994-1995

Estimated annual expenditure

(Thousands of United States dollars)

	1994	1995	Total
General resources			
Health	-	200	200
Education	-	125	125
Childhood disability and rehabilitation	-	50	50
Project support	-	350	350
Subtotal	-	725	725
Supplementary funding			
Health	2 000	2 600	4 600
Primary education	4 000	5 300	9 300
Youth and community activities	5 000	6 800	11 800
Early childhood development	3 000	4 000	7 000
Psycho-social health	300	400	700
Programme support	700	900	1 600
Subtotal	15 000	20 000	35 000
Total	15 000	20 725	35 725

85. To formulate a social policy for the occupied territories and develop effective and sustainable services for Palestinian children and women will be an important challenge, presenting new opportunities to improve the conditions of Palestinian families. Supporting the peace process will require a rapid improvement in social services and creation of employment to raise the average level of family income. The expected creation of a central authority with, inter alia, a mandate to coordinate and strengthen basic services will help to overcome the fragmentation, duplication and inefficiency of current services.

86. During the period 1994-1995, UNICEF will continue to give priority to three major strategies:

(a) Improving the quality of social services and developing local capacity to achieve goals for the survival, protection and development of children and women. This will include setting up and maintaining an information base for monitoring indicators relevant to children and women; establishing policies and professional standards through appropriate decision-making bodies; promoting universal adoption of those standards through advocacy; and providing relevant training and technical support at the community level to facilitate their application. Longer-term issues of sustainability can be addressed only once a central authority has been established and policy formulation progresses;

(b) Empowering communities through public participation, advocacy on children's rights, broad partnerships with local organizations and encouraging private and community initiatives. UNICEF will extend its partnerships to include a broader range of local organizations, and a new authority will continue these activities on a larger scale;

(c) Strengthening programme complementarity with other United Nations bodies. While UNDP and UNRWA provide support for building infrastructure and overhauling the service sectors, UNICEF will focus on service delivery rather than the development of infrastructure.

87. UNICEF cooperation is designed to be integrated within the framework of the Palestinian Development Programme and the Palestinian National Health Plan. UNICEF cooperation will also be integrated into the overall framework of donor coordination initiatives.

Health

88. United Nations organizations will support a new authority in standardizing and upgrading health policies, strategies and approaches. UNICEF will continue to support preventive, promotive and curative MCH interventions. Working in close cooperation with the Palestinian Health Council and other health institutions, UNICEF will continue to support EPI, CDD, ARI, exclusive breast-feeding of infants during the first four months and the rational use of essential drugs for CDD and ARI.

89. UNICEF will support (a) immunization, to maintain high coverage levels; sustain vaccine supply; assess the cold chain and improve the quality of storage, transportation and monitoring of vaccine stocks; and upgrade the skills of managers and service workers; (b) CDD, to promote universal ORT use and

assist in the design and implementation of surveys of knowledge, attitudes and practices among health workers, mothers and child minders; (c) ARI, to standardize case management and promote positive behavioural changes among health workers and families; and (d) nutrition, to mobilize hospital and health unit staff and families on the promotion of breast-feeding and the prevention and elimination of micronutrient deficiencies.

90. Other cross-cutting activities will include (a) fuller appraisal of PHC problems and institutional capacity in those services, which will facilitate the planning of sectoral policies and the setting of standards; (b) the development of policy and service protocols and their harmonization, through consultations with PHC providers, pilot testing of models and evaluation; and (c) appropriate training and related material assistance, for example, the provision of training equipment and learning materials to encourage the adoption of service protocols at all levels in management, clinical practice and community education.

91. UNICEF has established solid working relationships with all the major PHC providers. In line with the emerging framework of Palestinian authority and decision-making, this network of established partnerships can help to promote policy development, harmonization and cost-effectiveness through well synchronized UNICEF technical and material assistance for PHC.

Primary education

92. UNICEF will continue to help improve the quality of primary education through the development and promotion of classroom enrichment materials for effective learning and the expansion of training and networking activities for teachers and supervisors. UNICEF will also support the development of new training systems for teachers and new teaching methodologies and will assist in the development of diagnostic, testing and remedial education services. In addition, UNICEF will provide each school with packages of materials for both educational and recreational activities, which will support the promotion of effective learning.

93. This programme, through the provision of materials, the enhancement of teacher training and the promotion of effective learning techniques, will complement the work of UNDP, UNRWA and local organizations in the revision of curricula.

Youth and community activities

94. There is an urgent need to give children and young people an opportunity to expand their activities for intellectual, physical and emotional development. These were major priorities identified by communities at the onset of the transition phase, and are based on the need to create among young people an important role for them in improving their environment.

95. Therefore, UNICEF will promote the establishment and development of non-formal educational activities for youth, which will help to foster an active commitment towards improving their environment. UNICEF will support a wider organization of summer camps, youth centres, sports clubs and children's centres and playgrounds which will cover more localities and target groups. Activities

highly suitable for children and youth will be introduced. UNICEF will support local initiatives that focus on sound psycho-social health and cognitive development of children and young people. The programme will concentrate on locations most in need: Gaza and the northern and southern areas of the West Bank. Artistic expression will be encouraged through theatre, music and art workshops, especially programmes for females. Literacy will be addressed through the development of a children's magazine and an adult education programme in Gaza.

96. UNICEF will assist in the coordination of needs assessments, networking and training of youth leaders and youth club managers, programme development and advocacy. UNICEF will provide some supply assistance through the UNICEF Supply Division at Copenhagen; UNDP and UNRWA will be responsible for renovation activities and will assist with the bulk of supply assistance.

Early childhood development

97. This programme focuses on enrichment of the child's environment and development of social and psychological well-being. Those needs have been addressed by a variety of local NGOs and women's committees which operate nurseries, kindergartens and child-care centres. Owing to a lack of technical and financial support, those services have declined, and they need to be revived.

98. The strategy is to reach caregivers in service groups, whether they be child-care institutions or households, with information and training in ECD. An integrated approach to child rearing will be promoted through:

(a) Community education, with a wide range of professionals and paraprofessionals trained to provide support and information to parents;

(b) Training and support to nurseries and kindergartens. These services should continue until the incoming authority has the opportunity to review and establish goals, policies and standards;

(c) Development and support of community play areas. In 1993 a range of designs and approaches to community play areas was tested. In 1994 the programme will expand geographic coverage through construction of play areas;

(d) Policy harmonization and improving the sustainability of the ECD sector, again using training and appropriate assistance as strategies. This sector is already a recipient of significant contributions from Palestinian women's committees, and it can serve as an important channel for greater influence of women on the social development process.

Psychological health

99. Exposure to military force during the intifadah has left physical and emotional scars on a large number of Palestinian children. In addition to those children suffering from physical disability, there is a large number of children suffering from symptoms of aggressiveness, anxiety, hyperactivity and depression. In cooperation with UNRWA and several local organizations, UNICEF

has been supporting new activities to address child mental health needs through existing service organizations - the clinics and schools - with which children have frequent interaction.

100. This programme will be continued and expanded. Schoolteachers in UNRWA and in new public schools will be equipped with crisis counselling and guidance skills to help children with psychological trauma. UNICEF will help local NGOs to incorporate counselling services in PHC centres in rural areas and refugee camps through the hiring of recent college graduates. UNICEF will support increased training and provision of relevant material assistance, including the preparation of training and communication modules to help parents understand and cope with child trauma.

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FOR ACTION

RECOMMENDATION FOR FUNDING FROM SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN BOSNIA AND HERZEGOVINA*

SUMMARY

The present document contains a recommendation for funding from supplementary funds for a two-year programme of UNICEF cooperation to help to meet the urgent needs of children and women in Bosnia and Herzegovina. The Executive Director recommends that the Executive Board approve the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)	Duration
	Supplementary funds	
Bosnia and Herzegovina	8 000 000	1994-1995

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

BOSNIA AND HERZEGOVINA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	1.2
Under-five mortality rate (U5MR) (per 1,000 live births) (1990)	23
Infant mortality rate (IMR) (per 1,000 live births) (1990)	19
Underweight (percentage, moderate and severe)	..
Maternal mortality rate (MMR) (per 100,000 live births)	..
Literacy (percentage, male/female)	../..
Primary school enrolment (percentage net, male/female)	../..
Percentage of grade 1 reaching grade 4	..
Access to safe water (percentage)	..
Access to health services (percentage)	..
Gross national product (GNP) per capita	$ .. a/
One-year-olds fully immunized against (percentage):	
tuberculosis	..
diphtheria/pertussis/tetanus	..
measles	..
poliomyelitis	..
Pregnant women immunized against (percentage):	
tetanus	..

a/ Estimated to be low-income, $675 or less.

The situation of children and women

1. Since declaring its independence in April 1992, Bosnia and Herzegovina has been in a constant state of war. The estimated pre-war population of 4.4 million had a complex ethnic composition, with virtually every municipality having its own distinct ethnic mix. As a result of the conflict, an estimated 140,000 civilians and soldiers have been killed. There are now approximately 2.3 million displaced persons within the borders of Bosnia and Herzegovina, a further 300,000 Bosnian refugees in the Federal Republic of Yugoslavia (Serbia and Montenegro) and 277,000 refugees in Croatia. Only limited areas of the country are effectively under government control. Vast areas of Bosnia and Herzegovina have no commercial traffic. The Government estimates the total economic cost of war and war-related damage to be approximately $150 billion to $180 billion as of April 1993.

2. Throughout 1993, escalation of the conflict led to an intensive movement of refugees, with some towns, such as Tuzla, Zenica and Maglaj, becoming completely saturated with displaced persons. The situation has continued to deteriorate. Helpless citizens in besieged enclaves have seen water, fuel, electricity and

food supplies cut off, at an appalling human cost. Many public service utilities, including hospitals, schools and water supply and sanitation services, have been destroyed, and many health and education professionals have either fled, been incapacitated, or, in some cases, killed. Children, women and other vulnerable groups are now in a continuing state of acute emergency, suffering from constant threat to their lives from a decline in the availability and quality of health care and education services, a shortage of food and the unavailability of reliable and safe water supplies.

3. Immunization rates have declined precipitously from close to 100 per cent before the war to one third or less today. Efforts at restoring immunization services have been fairly successful in some self-contained areas under siege such as Sarajevo, but less successful in other areas such as central, eastern and northern Bosnia, owing to the disruption of electricity, the low number of health personnel and mass migration of displaced people.

4. Under siege and constant shelling for over 20 months, conditions in Sarajevo have continued to deteriorate and all access to the city by road has been blocked, sometimes for several weeks, preventing the movement of humanitarian convoys carrying food, blankets, shoes and clothes for the winter. In the past year, water supply services have been interrupted for up to 20 to 25 days at a time. There is a dramatic shortage of fuel, and most of the city's trees have already been chopped down for heating. Since the crisis began, doctors at Sarajevo's Kosevo Hospital have performed major surgery on 600 children and have continued to treat a steady number of about 5 to 20 children daily who have been injured and maimed from sniper and mortar fire and shelling. There is a growing sense of desperation and a feeling of being abandoned as the population faces its second bleak winter.

5. The past several months have seen a marked increase in infant mortality and incidence of low birth weight, stillbirths and premature births. Local doctors link such trends to poor nutrition, long periods of stress, constant threat of physical danger, uncertainty regarding the future and family separations. Although few comprehensive data are available, the following statistics from the Kosevo Hospital in Sarajevo show the rapid deterioration in the situation for mothers and children, in comparison to that of the pre-war period:

(a) The infant mortality rate has risen from 19 to 27 per 1,000 live births;

(b) Birth rates have dropped from 14 to 2 per 1,000 population;

(c) The number of abortions has more than doubled, rising from 29 to 64 per cent of pregnancies;

(d) The average birth weight has decreased by one sixth;

(e) The rate of stillbirths has increased by over one and a half times;

(f) The rates for premature births and babies born with serious malformations have doubled within 20 months.

6. Most parts of the country continue to depend on humanitarian aid for food supplies. The excellent pre-war nutritional status of children and the willingness of adults to give children priority for what little food is available appears to have prevented the situation from becoming even more critical thus far. However, joint World Health Organization (WHO)/UNICEF nutrition surveys indicate that the nutritional status of children and other vulnerable groups is deteriorating. With energy reserves near depletion, there is a real danger of undernourishment during the coming months. In the Muslim enclaves in eastern Bosnia as well as in Sarajevo, iron deficiency anaemia and vitamin A and C deficiencies were observed. In general, breast-feeding rates are low; only 17 per cent of mothers breast-feed, and then only for one to two months. Bottles are introduced at an early age.

7. In all the regions, a large number of schools have been destroyed or converted into reception centres for refugees or field hospitals. Large numbers of teachers have been displaced, and educational materials such as textbooks, blackboards, notebooks and chalk are no longer available. There are no services available for the growing number of out-of-school youth and street children.

8. Water systems have sustained heavy damage and will take many years to restore, especially under the present circumstances. Reduced quantities of water, interruptions in service and contamination of water supplies have been experienced in many parts of the country. The lack of regular and safe water supplies and the decrease in food supplies have led to an increase in cases of hepatitis, enterocolitis and diarrhoea.

9. As war rages, many children continue to experience psychological trauma after witnessing or being victims of violent acts. Many children still live with symptoms of psychological stress such as sleeplessness, obsessional memories and depression, which, unless dealt with, will affect their future development. A survey conducted in Sarajevo revealed that 72 per cent of the children have experienced their home being shelled, 91 per cent have experienced shooting, 41 per cent have witnessed a person being killed or injured, 19 per cent have seen a massacre and 81 per cent think they could have been killed during the past months.

10. Many women also suffer from separation from their families, the loss of partners and the difficult burden of caring for the family under war conditions. A large number of women have been taken to concentration camps, where they were subjected to sustained sexual abuse, torture and humiliation.

Programme cooperation, 1991-1992

11. Since 1991, UNICEF assistance to Bosnia and Herzegovina has been supported from emergency funds obtained through the United Nations Inter-agency Appeal. As part of an emergency response, UNICEF assistance has concentrated mainly on the areas of health, nutrition, basic education, water supply and sanitation, psycho-social rehabilitation for traumatized children and meeting urgent domestic needs. Supplies provided by UNICEF include vaccines, other immunization supplies and cold-chain equipment, essential drugs, basic health kits, supplementary food for young children and pregnant and lactating women, education kits and school supplies, creative kits, water tanks and pipes and

water purifiers. Technical assistance was provided for training relevant sector personnel in the repair of water systems in Sarajevo, for health and nutrition surveys and for psycho-social assessment of and interventions for traumatized children.

12. In Sarajevo, UNICEF has continued to carry out an integrated multisectoral programme focused on alleviating the impact of the war and siege on children. The UNICEF-supported supplementary feeding programme reaches a total of 71,000 young children and pregnant and lactating women per month. Cold-chain equipment was supplied to 27 cities. During 1992, UNICEF supported an immunization campaign in other areas.

13. Some 85 to 90 per cent of school-age children living in areas not under siege are presently able to go to school. UNICEF has provided basic school supplies for existing pre-schools and primary schools, as well as for makeshift facilities such as classes held in basements.

14. UNICEF supports a psycho-social programme in Sarajevo for children in collective shelters, informal schools and settlements. Teachers and psychologists are being trained to manage the post-traumatic stress that children suffer through the war. Expansion of this programme to other parts of Bosnia and Herzegovina is under way.

15. UNICEF, in cooperation with the United Nations Protection Force, assisted during 1993 in the restoration of 40 per cent of the water system in Sarajevo. UNICEF has provided pumps, pipes and spare parts to repair 22 essential distribution points. In addition, water purification tablets were supplied for areas where shallow-well water is used.

16. The UNICEF response to the Government's request for emergency assistance in 1992 has helped to establish its credibility among the different factions as an organization committed to the cause of children. Furthermore, assistance delivered directly to the field in collaboration with local authorities and non-governmental organizations (NGOs) has laid the foundation for longer-term UNICEF cooperation for the survival, development and protection of children. In this process, UNICEF has worked closely with a variety of partners: the Office of the United Nations High Commissioner for Refugees (UNHCR) in the delivery of relief supplies; WHO for technical consultations on surveys and immunization and therapeutic feeding services; the World Food Programme (WFP) for supplementary feeding; and a number of NGOs, including Médecins sans frontières and International Action Against Hunger, in carrying out supplementary feeding programmes and community surveys. These same organizations will become partners for the recommended programme of cooperation. Although delivery of assistance has been seriously hampered by continuous hostilities, where contact and cooperation with government counterparts have been established concrete steps for rehabilitation have been taken.

Recommended programme cooperation, 1994-1995

Estimated annual expenditures

(Thousands of United States dollars)

Supplementary funding	1994	1995	Total
Health	650	1 950	2 600
Nutrition	250	750	1 000
Water supply and sanitation	400	1 200	1 600
Education	250	750	1 000
Children in especially difficult circumstances	150	450	600
Social mobilization	50	150	200
Programme support	250	750	1 000
Total	2 000	6 000	8 000

Programme priorities and strategies

17. The programme preparation process, undertaken in the second half of 1993, involved partners in the central Government through the State Committee for Cooperation with United Nations Agencies. In close consultation with UNICEF staff in Bosnia and Herzegovina, the Committee reviewed the priority problems to be addressed in the light of the continuing emergency and the prospects for meeting medium- and longer-term goals for rehabilitation and development.

18. Because of the nature of the ongoing war and the lack of any immediate prospect for peace, the programme will need to be flexible and capable of being modified as necessary. The main aim of the programme will therefore be to alleviate the impact of the war and the economic crisis on vulnerable groups, while integrating the current emergency support into the larger frame of recovery and rehabilitation in the areas where it is possible to do so and ensuring an effective emergency response in areas where conflict and hostilities have flared up.

19. The proposed programme of cooperation is designed to build upon the activities that have been carried out since late 1992. Experience acquired in 1992 and 1993 will be drawn upon. Strategies for the programme are outlined below:

(a) The principal strategy will be to continue the emergency response to enable families and communities to meet children's survival and development needs and to restore basic services for children and women suffering from the direct and indirect effects of war. In the light of the unabated hostilities and the uncertainty of a peace settlement, the programme strategy warrants the continuation of this emergency response until the minimum basic services for children and women are restored;

(b) Assistance will continue to support efforts of the Government to maintain national capacities to respond to children's emergency needs, as well as emerging needs for development and protection. Prior to the war, public and social services personnel had benefited from highly developed infrastructures and human resources. The situation has now changed and will require new strategies and technologies to cope with a drastically reduced infrastructure and to maintain the effectiveness of basic services. To this end, sharply focused technical assistance will be provided, based on UNICEF experience elsewhere;

(c) Support will be given to enhance partnerships for children with the Government, local authorities and communities, NGOs and multilateral and bilateral agencies;

(d) Advocacy to implement the principle of a "first call for children" will be carried out with all concerned parties to protect the interest of more vulnerable groups from the combined effects of war and economic collapse;

(e) As the political and security situations improve, the UNICEF programme of assistance will evolve towards a development continuum. Consequently, rebuilding and rehabilitation efforts will become increasingly important. Attention will be given to accelerate the achievement of child survival, development and protection goals, the mid-decade goals among them. Whereas pre-war conditions indicated high levels of well-being among children and women, the long months of war and the collapse of the economy and social infrastructure have reversed previous advances.

Programme components

20. Health. The emergency response will be continued for the provision of essential drugs, winterization supplies, hygiene kits, immunization supplies, health centre kits and health information materials. At the same time, UNICEF will assist in the expansion of the expanded programme on immunization (EPI) to reach all the regions of Bosnia and Herzegovina. Special strategies will be developed to cover areas with ongoing hostilities and/or areas with a severe shortage of health personnel. EPI units at the central as well as regional levels will be assisted to strengthen their information and surveillance system. UNICEF will also invest programme resources in the maintenance and expansion of primary health care (PHC) services, particularly in areas that have suffered heavy damage to health infrastructures. This will involve the replenishment of equipment and supplies where needed; primary-care training for health providers; updating the knowledge of doctors, nurses and midwives in preventive care; and other public-health measures related to child care.

21. Essential drugs. Assistance will be provided to help the Government to develop a system for strengthening the national policy on drugs, the management of drugs and drug-supply distribution and utilization. Where possible, a scheme for local production of some basic drugs and fortified food will be demonstrated.

22. Nutrition. In response to the continuing emergency, the supplementary and therapeutic feeding programmes will be intensified. Opportunities will be explored to build towards a multi-service delivery scheme for nutrition. The ongoing promotion of breast-feeding will be expanded into the Baby-Friendly Hospital Initiative, which will involve the systematic promotion of breast-feeding among medical and health professionals, hospital administrators and mothers themselves. The programme will also support governmental efforts to institutionalize the cessation of free distribution of infant formula donated as part of emergency relief. UNICEF will assist in the development of mechanisms to regulate the use of infant formula, widespread public education for the promotion and protection of breast-feeding and training of medical and health personnel in lactation management.

23. Water supply and sanitation. Repairs of water systems will be continued in priority areas along with the provision of water purifiers and collapsible tanks to prevent possible contamination and the spread of water-borne diseases. UNICEF will continue to work closely with the Regional Institute for Epidemiological Research in the maintenance of the system for monitoring water quality. UNICEF will also provide technical assistance in the development of medium-term plans and feasibility studies for the restoration of small water systems. Other donors will also be mobilized to assist the Government in the enormous task of restoring water services.

24. Education. The provision of educational materials will continue as an emergency response in all areas where the Government is re-establishing classes, either in makeshift or restored school facilities or in cellars and basements. Preschool education services will be expanded to include psycho-social interventions for traumatized children. UNICEF will assist, on a pilot basis, in a demonstration training programme for multi-grade classes in basements and cellars. The training will include both psycho-social support and technical teaching skills within the context of a difficult war situation.

25. Children in especially difficult circumstances. Interventions will expand ongoing efforts to strengthen the capacity of psychologists and social workers in dealing with the psycho-social problems of children affected by war. Such an expansion will eventually include a range of services for children, women and the growing number of street children and out-of-school youth. Apart from the regular institutional responses, emphasis will be given to community-initiated or community-based mechanisms where crisis intervention could be integrated into existing social-work centres, community centres or PHC centres. Technical and programming assistance will be provided to develop the various aspects of this programme in close consultation with the Government, NGOs and professional groups. UNICEF will help to develop mechanisms for cooperation in activities such as the training of paraprofessionals, the development of manuals, the development of prototype materials and the training of community volunteers, street educators and playroom volunteers.

26. Advocacy. In most parts of Bosnia and Herzegovina, meeting the special needs of children requires advocacy for children's rights, especially for children who have been abandoned, traumatized, disabled or orphaned by war. UNICEF will continue to advocate for a "first call for children" principle to be implemented. UNICEF will also advocate for and support the Government in the

development of a national programme of action for children, within the framework of the Declaration of the World Summit for Children and the Convention on the Rights of the Child.

27. Monitoring and evaluation. Because of the focus on emergency operations in the last two years, evaluation of this programme has been limited to short-term and rapid assessments of the implementation of specific projects. With the proposed new cooperation, UNICEF plans to support the strengthening of existing data collection and information systems with the aim of establishing baseline data on child-related indicators and developing simple monitoring mechanisms. For the proposed programme, monitoring will be supported primarily by UNICEF field staff in Bosnia and Herzegovina, as well as by staff from the area office. Information obtained from field personnel of other agencies, government organizations and NGOs will also be utilized. Depending upon the ongoing assessments of the effectiveness of UNICEF assistance, programme adjustments will be made. A programme review will be held jointly with participating government organizations and NGOs, United Nations agencies and other partners towards the end of 1995.

28. Programme coordination. The UNICEF staff in Bosnia and Herzegovina work in close collaboration with their counterparts in the Government. Coordination is maintained through the State Committee for cooperation With United Nations Agencies. The Committee reviewed the priority problems to be addressed in the light of the continuing emergency and the prospects for meeting medium- and longer-term goals for rehabilitation and development. Other United Nations organizations, including WHO, WFP and UNHCR, and NGOs active in community projects, have been consulted in the preparation of specific aspects of the programme.

29. Programme support. The UNICEF programme of assistance has been managed by a sub-office at Split in Croatia, with field offices at Sarajevo, Tuzla, Zenica, Pale and Mostar, all of which are in Bosnia and Herzegovina. The UNICEF operational area includes all sides of the conflict between Bosnian Serbs, Muslims and Croats. National staff are for the most part prevented from crossing "ethnic lines". The presence of international staff is therefore essential since it affords the crucial coverage of neutrality and allows for programme operations in all ethnically defined areas of conflict.

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FOR ACTION

RECOMMENDATION FOR FUNDING FROM SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN CROATIA*

SUMMARY

The present document contains a recommendation for funding from supplementary funds for a two-year programme of UNICEF cooperation to help meet the urgent needs of women and children in Croatia. The Executive Director recommends that the Executive Board approve the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)	Duration
	Supplementary funds	
Croatia	3 000 000	1994-1995

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

CROATIA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	1.0
Under-five mortality rate (U5MR) (per 1,000 live births) (1990)	14
Infant mortality rate (IMR) (per 1,000 live births) (1990)	12
Underweight (percentage moderate and severe)	..
Maternal mortality rate (MMR) (per 100,000 live births) (1989)	4
Literacy (percentage male/female)	../..
Primary school enrolment (percentage net, male/female)	../..
Percentage of grade 1 reaching grade 4	..
Access to safe water (percentage)	..
Access to health services (percentage)	..
Gross national product (GNP) per capita	$.. a/
One-year-olds fully immunized against (percentage) (1991):	
tuberculosis	92
diphtheria/pertussis/tetanus	85
measles	89
poliomyelitis	84
Pregnant women immunized against (percentage):	
tetanus	..

a/ Estimated to be lower-middle-income ($676-$2,695).

The situation of children and women

1. From the period after the Second World War up to 1991, Croatia existed as one of the six republics of the former Socialist Federal Republic of Yugoslavia. Until recently, Croatia's economy provided a fairly comfortable standard of living. Official sources show a per capita gross domestic product of some $2,181 before the dissolution of the Socialist Federal Republic of Yugoslavia, which, given the price structure at the time, could be said to be relatively satisfactory. In addition, the former Yugoslavia was able to provide all the benefits of life in the heart of Europe; health care was as good as anywhere on the continent and the education system equipped children to take their place in a highly cultivated society with a long history of excellence in literature, music, theatre, dance and other elements in the great tradition of European culture.

2. In the past few years, however, the region has been affected by sweeping political and social changes with the collapse of communist regimes and the transition from centrally planned to market economies. Croatia seceded from the

Socialist Federal Republic of Yugoslavia in June 1991 and its independence, recognized by the international community in May 1992, came at a steep price. War broke out shortly after the secession and the Croatian economy has since been severely disrupted. Production has declined by some 33 per cent, unemployment has risen to 22 per cent of the workforce and inflation has fluctuated between 20 and 40 per cent per month since the beginning of the war.

3. Added to this is the massive influx of refugees and displaced persons caused by the war. There are now about 500,000 refugees and displaced persons registered in Croatia who are essentially dependent upon assistance from the Government and from the various humanitarian agencies now operating in the country. It is believed that the real number of refugees (estimated at 600,000 persons) is actually higher than the number registered. Today, an estimated 1.7 million people, or some 37 per cent of Croatia's population, are now dependent in one way or another upon social aid for all or a part of their livelihood. This includes people who have been affected by the economic crisis, refugees and displaced persons.

4. The intensity of the war in the neighbouring cities of Bosnia and Herzegovina has distracted external attention from the fact that many Croatian cities, including Osijek, Slavonski Brod, Zadar, Karlovac and Dubrovnik, have been subject to frequent bombardment. Throughout the conflict, the "front-line" villages and towns on Croatian-controlled territory have had their dwellings, schools and other social services facilities damaged or destroyed by the shelling.

5. As a result of the war, some 23 per cent of Croatia's sovereign territory falls in United Nations Protected Areas (UNPAs). Many of the people once living in these areas now live as displaced persons elsewhere in Croatia and are unable to return to their homes, pending a political settlement of the war. Of those who remain, the vulnerable population comprises 300,000 to 400,000 civilians, mainly women and children. The remaining population in these areas receives comparatively little attention from the international community, yet they also suffer acutely from a variety of problems, including hyperinflation, a shortage of essential supplies, damage to and destruction of social services from the war, lack of proper administrative services and structures and a high degree of uncertainty, fear and tension.

6. Throughout Croatia, the social safety net that existed in the former Yugoslavia is now dwarfed by the sharp increase in the number of beneficiaries. At the same time, the real value of payments made by the social welfare system to beneficiaries has been reduced to nominal amounts by inflation.

7. The health system is gravely compromised by the economic situation. There are little or no funds to purchase medicines and materials. The social welfare system is no longer able to assume the entire cost of hospitalization and medicines. In addition, a number of hospitals and health centres have been damaged or destroyed during the war, and thus, some people, particularly in rural areas, must travel long distances to find health care. Previously, the country had a high rate of immunization coverage for children. The war and subsequent economic recession have now forced Croatia into a position where

basic immunization activities for infants and young children can no longer be sustained without external assistance.

8. Nutritional status in Croatia varies by area. While there are no obvious signs of undernutrition so far, a number of vulnerable groups continue to be at high risk, including displaced elderly persons without relatives, the displaced population in urban areas and residents of certain reception centres. In addition, as in the other countries of the former Yugoslavia, breast-feeding rates are low, including in the UNPAs. Only 5 per cent of mothers exclusively breast-feed children under four months of age and 30 per cent of mothers breast-feed in combination with providing breast milk substitutes and other food, such as fruit juice, etc. Limited nutrition surveys indicate micronutrient deficiencies among certain segments of the population, such as vitamin A, B2 and C deficiencies and iron deficiency anaemia.

9. Crowded camps and reception centres for both refugees and displaced populations have resulted in poor hygiene conditions. Inadequate water supplies and electricity have similarly contributed to unhygienic conditions in these areas, including UNPAs and front-line cities.

10. The education system in Croatia is at present under severe strain. A considerable number of schools have suffered damage due to the war. The costs of basic learning supplies and materials have become prohibitive and beyond the financial capacity of many parents. Some schools have had to increase their capacities to accommodate the extra students from the refugee/displaced population.

11. During the war in Croatia and later in Bosnia and Herzegovina, a large number of children were exposed directly to hostilities and atrocities and consequently suffer from post-traumatic stress disorders. Altogether, the human suffering and material damage caused directly by the war have been considerable. According to official government sources, a total of around 6,700 people (including 170 children) have been killed; 24,300 people (including 755 children) have been wounded; and nearly 12,000 people (including 416 children) are missing. Some 195 primary schools, 128 pre-schools, 8 orphanages and 29 hospitals and health centres have been destroyed or damaged. In UNPAs, where people are already living under serious hardship, even worse shortages of food, fuel and medicines are expected to occur and there is a very real danger of malnutrition, particularly among children, and of people freezing in inadequately heated homes.

Programme cooperation, 1992-1993

12. Following the development of the emergency situation in Croatia, UNICEF organized a number of programmes to deal with the crisis and to contribute to the alleviation of the suffering of children and women among the general population, refugees and displaced persons. UNICEF interventions in health, nutrition, education, water supply and sanitation and psycho-social rehabilitation are described below.

Health and hygiene

13. Activities in the health programme included the distribution of essential drugs kits, vitamin kits, maternal and child health (MCH) kits and other medical supplies throughout Croatia, with priority to UNPAs and to areas with a heavy concentration of refugees and displaced persons. UNICEF also provided vaccines, vaccination supplies and limited cold-chain equipment to help the local authorities to maintain their infant immunization activities. Special emphasis was given to refugee and displaced children and children living in war-affected areas. At present, coverage levels are highly variable between different regions, ranging from 50 to 95 per cent. To promote hygiene, hygiene kits for newborns and infants were distributed in refugee camps and reception centres. Health and hygiene education materials have also been distributed among relevant health-care professionals.

Nutrition

14. Nutrition activities included provision of infant food and supplementary and weaning food for children and other vulnerable groups. The programme also contained an education component to promote breast-feeding among mothers.

Education

15. Several interventions were made in the education sector in various parts of Croatia, including UNPAs. First of all, education kits sufficient for the needs of 82,500 children were provided. UNICEF also supported training activities for teachers in centres for refugees and displaced persons. Under the mine-awareness programme, UNICEF supported the distribution of 150,000 leaflets explaining the danger of mines to children. Along the same theme, the preparation and showing of videos in schools situated in areas at risk from mines was supported. A peace education programme is also in operation in the schools. Its purpose is to increase intercultural understanding among the various ethnic and cultural groups of Croatia and the former Yugoslavia.

Psycho-social interventions

16. To provide psychological help and therapy for children traumatized by the war, UNICEF supported the training of social sector personnel, firstly, to recognize the symptoms of war trauma in schoolchildren and, secondly, to treat such children by using a variety of psychological techniques including art therapy.

Advocacy

17. UNICEF has already printed and distributed a booklet on the principle of a "first call for children". The organization is also raising awareness of children's rights among community groups, community leaders and policy makers through publicity campaigns and a wide variety of related activities.

Lessons learned

18. UNICEF assistance to Croatia began as part of an emergency response within the framework of a United Nations inter-agency appeal process. Owing to the uncertainty of funds and the complexities of the appeal process, a number of the project activities originally planned could not be implemented. In providing emergency relief, UNICEF has tried to include certain planning and programming elements in its assistance in order to facilitate, as much as possible, moving towards a recovery and rehabilitation programme. UNICEF has also been required to undertake considerable lobbying and advocacy activities. Much of UNICEF assistance was developed in close collaboration with Croatian Government counterparts. Such interaction and close working relationships have enabled UNICEF to lay the groundwork for medium- and longer-term programming processes. UNICEF was also able to identify and establish contacts with a number of non-governmental organizations (NGOs) and other partners in the implementation of related projects during the period. These NGOs, together with United Nations agencies such as the World Health Organization, the United Nations Educational, Scientific and Cultural Organization, the World Food Programme and the Office of the United Nations High Commissioner for Refugees, are likely to become partners in the proposed programme of cooperation.

Recommended programme cooperation, 1994-1995

Estimated annual expenditure

(Thousands of United States dollars)

	1994	1995	Total
Supplementary funding			
Health	375	1 125	1 500
Nutrition	75	225	300
Education	100	300	400
Children in especially difficult circumstances	75	225	300
Social mobilization	25	75	100
Programme support	100	300	400
Total	750	2 250	3 000

19. As early as November 1992, UNICEF initiated the first preparatory activities of a joint programme for 1993 with the technical ministries of the Government of Croatia. An introductory workshop for a programming exercise was convened jointly with the Croatian Office for Displaced Persons in March 1993 and resulted in a draft plan of action for that year. This has facilitated the process of preparation of the present programme proposal for the 1994-1995 period. Programme and sectoral working groups have been established to develop the programme goals, formulate strategies and identify projects for joint cooperation.

20. The goals of the World Summit for Children, among them the mid-decade goals, form a relevant and viable framework to work towards, since many of these goals had already been achieved in Croatia. A highly developed health and education infrastructure with trained manpower is already in place. Thus, responses and interventions will require only the maintenance and enhancement of existing capacity, rather than large-scale service delivery and capacity-building. Indeed, pre-war conditions of only a few years ago indicated high levels of well-being among children and women, which have subsequently been reversed. The programme strategies are outlined below:

(a) The urgent needs of children and other vulnerable groups will be met, giving priority to the neediest groups among the population, including children and women in the areas of conflict, in cities that still suffer bombardment and in UNPAs;

(b) The Government will be assisted in its efforts to transform social services in line with more cost-effective policies and technologies, as well as in maintaining the national capacity to plan, implement and monitor programmes designed for children;

(c) The present emergency response will be continued to assist families who are displaced or refugees and those living in the areas of conflict, including UNPAs, to meet their children's survival and development needs. An emergency response will continue at least until basic services for children and women are restored to a minimum level;

(d) Focused interventions will be made to maintain national capacities and to prevent further deterioration in basic services for children and women, with priority to disadvantaged groups among the population;

(e) Strengthening partnerships among the Government, NGOs and other organizations and institutions will be important in maximizing the effectiveness of interventions;

(f) Advocacy activities will be carried out with regard to the need to protect all vulnerable groups during this critical period. A central part of this approach will be to promote compliance with the Convention on the Rights of the Child through the Mayors as Defenders of Children initiative.

Programme components

21. Health. In order to reduce infant, child and maternal mortality, UNICEF will assist the Government in improving the quality of primary health care, with special emphasis on MCH. Significant morbidity changes are not yet registered by the National Institute of Public Health. The programme will aim at covering the needs of children in areas with the largest concentration of refugees, in front-line towns and in UNPAs. The shortage of essential drugs is one of the major threats to the health of children. Physicians in the field will be trained in the rational use of essential drugs and current practices will be evaluated. Acute respiratory infections (ARI) constitute the most common disease of children in Croatia, and the programme will also focus on training physicians, nurses and mothers in the treatment, care and management of ARI

according to internationally accepted protocols. In the expanded programme on immunization, the ultimate objective will be not only to reach a high level of coverage but also to eliminate or drastically reduce the incidence of vaccine-preventable diseases such as poliomyelitis, measles and tetanus. UNICEF will also strengthen government capacity to improve their surveillance system for vaccine-preventable diseases.

22. Nutrition. In Croatia, only 30 per cent of women breast-feed their babies until they are four months of age, and even then not exclusively. UNICEF has introduced the Baby-Friendly Hospital Initiative, and the future programme will focus on the training of trainers, media campaigns and changing hospital practices. UNICEF will also advocate strongly for the end of free distribution of infant formula in hospitals and maternity wards. Appropriate interventions will be supported to address deficiencies in micronutrients such as vitamin A, iron and iodine, in the identified areas. In addition, UNICEF will lend some support to growth monitoring of pre-school and elementary-age schoolchildren in order to evaluate the impact of the war and propose corrective interventions.

23. Education. In the education sector, UNICEF will assist the Government in activities currently under way, such as the mine-awareness programme, education for peace and restructuring of the primary school system. UNICEF will also provide some support for the education and rehabilitation of handicapped children.

24. Children in especially difficult circumstances. It is estimated that there are least 40,000 children in need of assistance in dealing with the consequences of the war. UNICEF will continue its assistance to the Ministry of Education in implementation of a school and pre-school project that helps local school teachers, pre-school teachers and parents to assist children affected by war. Through the development and implementation of simple creative methods and simple psychological interventions that can be used in regular school and pre-school curricula, children will be helped to express and come to terms with their war experiences. UNICEF will assist in providing further education, supervision and support for local professionals already included in the project, as well as those from the schools in the crisis regions, which will now be included systematically in the extension of the project. The project will be supported by supplying materials such as brochures, manuals and drawing materials and toys, as well as by media coverage, the production of brochures describing the experiences of the professionals included in the project and other activities aimed to promote the objectives and achievements of the project. UNICEF will also provide some assistance to the training programmes for social workers dealing with such children organized by the Ministry of Labour and Social Welfare.

25. Advocacy for the rights of children. The Republic of Croatia has signed and ratified the Convention on the Rights of the Child and UNICEF will continue to advocate for its implementation, particularly as a legal framework for meeting the needs of displaced and refugee children and children in UNPAs. A number of programmes and activities supporting the Convention are already under way at the community level, involving children, parents, some NGOs and the media. Some of these activities are supported directly by UNICEF, while others have been initiated locally and independently from UNICEF. During the 1994-1995

period, UNICEF proposes to promote campaigns for the protection of children's rights using such community-based mechanisms as noted above, as well as nationwide initiatives such as media campaigns and the Mayors as Defenders of Children initiative.

26. Monitoring and evaluation. Implementation of the existing emergency programme was monitored as and when the emergency situation permitted, with UNICEF staff being able to observe the effectiveness of assistance on a selective basis. The proposed programme will aim to strengthen the establishment of baseline data and the development of appropriate mechanisms and tools to monitor programme performance as well as achievement of mid-decade goals. Monitoring for the proposed programme will be supported primarily by UNICEF staff in Croatia, as well as by staff from the area office. Information obtained from field personnel of other agencies, governmental organizations and NGOs will be utilized. Regular field visits will be undertaken to assess the effectiveness of UNICEF assistance, and programme adjustments will be made accordingly. A programme review will be held jointly with participating governmental organizations, NGOs, United Nations agencies and other partners towards the end of 1995.

27. Programme support. The UNICEF office for Croatia, located at Zagreb, will continue to function in order to ensure effective planning, implementation and monitoring of the programmes proposed for the next two-year cycle. The office, working closely with the Government, will also carry out much needed coordination with other United Nations partners, NGOs and bilateral agencies in implementation of the programmes.

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FOR ACTION

RECOMMENDATION FOR FUNDING FROM SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN THE FEDERAL REPUBLIC OF YUGOSLAVIA (SERBIA AND MONTENEGRO)*

SUMMARY

The present document contains a recommendation for funding from supplementary funds for a two-year programme of UNICEF cooperation to help meet the urgent needs of women and children in the Federal Republic of Yugoslavia (Serbia and Montenegro). The Executive Director recommends that the Executive Board approve the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)	Duration
	Supplementary funds	
Federal Republic of Yugoslavia (Serbia and Montenegro)	3 000 000	1994-1995

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

FEDERAL REPUBLIC OF YUGOSLAVIA (SERBIA AND MONTENEGRO)

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	2.6
Under-five mortality rate (U5MR) (per 1,000 live births) (1990)	34
Infant mortality rate (IMR) (per 1,000 live births) (1990)	28
Underweight (percentage, moderate and severe)	..
Maternal mortality rate (MMR) (per 100,000 live births) (1990)	11
Literacy (percentage, male/female)	../..
Primary school enrolment (percentage net, male/female)	../..
Percentage of grade 1 reaching grade 4	..
Access to safe water (percentage) (1989)	71
Access to health services (percentage)	..
Gross national product (GNP) per capita	$ .. a/
One-year-olds fully immunized against (percentage):	
tuberculosis	88
diphtheria/pertussis/tetanus	86
measles	83
poliomyelitis	80
Pregnant women immunized against (percentage):	
tetanus	..

a/ Estimated to be lower-middle-income ($676-$2,695).

The situation of children and women

1. Within the Federal Republic of Yugoslavia (Serbia and Montenegro) there is a substantial proportion of ethnic minorities. Out of a total population of 10.3 million (1991), about two thirds are ethnic Serbs and the rest include Montenegrins (62 per cent in Montenegro), Albanians or those of Albanian origin (over 80 per cent in Kosovo-Metohija), those of Hungarian origin (17 per cent in Vojvodina), Moslem Slavs, Croats, Turks and gypsies. Central Serbia and Vojvodina are the most developed regions within the country, while Montenegro and Kosovo-Metohija are the least developed. The Federal Republic of Yugoslavia (Serbia and Montenegro) is currently under international sanctions imposed by the United Nations Security Council.

2. Although war has not spread across the borders of the Federal Republic of Yugoslavia (Serbia and Montenegro), economic sanctions imposed on an already ailing economy, the influx of refugees, the transition from federalism to independence, and free-market reforms have had a dramatic impact on vulnerable groups in the population. With a formerly good record in child survival and

development (CSD), the country has had the clock turned back as the economy has collapsed and health and education services have been reduced to the bare minimum.

3. As early as the 1980s, the economy was already beginning to slow down. It then declined rapidly with the dissolution of the Socialist Federal Republic of Yugoslavia as inter-republic trade ceased and markets were lost. Shortly after the sanctions were imposed, prices skyrocketed and hyperinflation was measured on a daily or even hourly basis. In October 1993, inflation rates were running at 1 per cent per hour or 1 billion per cent per year. Since December 1992, living costs have risen 166 times and wages only 56 times. Pensions and minimum salaries are now in the range of below $10 a month, barely enough to pay utility bills. Some one quarter of the population live below the poverty-line income level.

4. The country is also burdened by large numbers of refugees (approximately 500,000 in Serbia and some 60,000 in Montenegro). The majority are housed with host families rather than in reception centres. The refugees are an increasing strain on the host families, who themselves are struggling to cope with the rising cost of living and dwindling incomes.

5. The effectiveness of health-care services has diminished with the failing of the overburdened infrastructure. Hospitals, health facilities, reception centres and children's institutions suffer increasingly from a lack of heating and cleaning and hygiene materials and, above all, shortages of drugs and medical supplies. The local pharmaceutical industry is highly dependent on imported raw materials and, therefore, is unable to produce drugs or vaccines. Although the Federal Republic of Yugoslavia (Serbia and Montenegro) had passed the stage when vaccine-preventable diseases appreciably affected the morbidity and mortality profile of its child population, the country is now confronted with the threat of a resurgence of such diseases. In March and April 1993, over 1,000 cases of measles were recorded in the city of Belgrade alone. Immunization rates have plummeted as a result of difficulties in obtaining vaccines and lack of fuel for immunization activities.

6. The country used to produce sufficient staple food to meet the needs of its population, with a large surplus for export. At present, however, the decline in food production and inadequate food distribution have led to shortages and rapidly escalating food prices, which, in turn, have affected household food security. Production has declined for a number of reasons, including the reduced availability of fertilizers, the shortage of fuel and parts for farm machinery, drought and a plague of beetles in 1993. While there are no systematic data available on the nutritional status of children, clinical reports suggest that malnutrition is on the rise. The rate of low birth weight and the number of prematurely born babies are reported to have increased owing to the declining nutritional status of mothers. Anaemia is now reported for the first time as among the 10 leading health disorders.

7. Despite the sanctions, which have made baby formula very expensive, the breast-feeding rate remains only approximately 30 per cent. Among the problems identified are the low level of awareness of the benefits of breast-feeding among mothers and health personnel, misconceptions about breast-feeding and

trauma in children and mothers resulting from the large number of induced births.

8. The quality of drinking water has been affected by the present crisis, since chemicals for water treatment are now scarce. Water-borne diseases are increasingly common. An outbreak of shigellosis was reported in Montenegro during October 1993, with about 1,500 cases of the disease, 70.4 per cent of which were children.

9. The result of all these negative trends has been a rise in mortality and morbidity. As a result of drug shortages and deteriorating health care, death rates from infectious diseases among the population increased by 115 per cent between 1991 and the beginning of 1993. The infant mortality rate in Belgrade increased by 14 per cent from 1991 to 1992; the situation in other parts of the country is likely to be worse, since the quality of health services and the level of infrastructure development are lower than in the capital.

10. The impact of the crisis on the education of children has been devastating. Schools in areas with higher concentrations of refugees and displaced populations are operating with inadequate facilities and extra shifts of teachers. Local authorities no longer have the funds to subsidize pre-schools and kindergartens, and kindergarten attendance has decreased because parents can no longer afford to pay. The cost of basic supplies of textbooks, notebooks and other school materials has become prohibitive and is beyond the financial capability of parents. Of the 200,000 refugee schoolchildren, many have been traumatized by their experiences during the war, subsequent evacuation and separation from their families. A study carried out at 13 elementary schools in Serbia lists common symptoms among refugee children as agitation, irritability, sorrow, depression and increased dependence on others.

Programme cooperation, 1991-1993

11. Responding to the needs of refugee children, UNICEF initiated its programme in the Federal Republic of Yugoslavia (Serbia and Montenegro) in 1991. The sub-office in Belgrade was opened in November 1991 and the Podgorica field office in October 1993. Emergency responses have comprised mostly supply assistance in the form of paediatric drugs, vaccines, supplementary food, clothing, blankets, school supplies and textbooks. These were directed primarily to areas affected by the greatest influx of refugees and to children in institutions. Some emergency assistance was also provided to previously underserved areas which are now further affected by the economic and social disruption of war. UNICEF has worked closely with the various ministries, the Commissariat of Refugees and the national Red Cross in needs assessment and the setting up of relief operations. Programme implementation was coordinated with United Nations organizations, including the Office of the United Nations High Commissioner for Refugees, the World Health Organization (WHO) and other international agencies, such as the International Committee of the Red Cross and non-governmental organizations (NGOs) working in the country.

12. In health, UNICEF supported child immunization activities by importing nearly 2.5 million doses of expanded programme on immunization (EPI) vaccines, needles and syringes in the last year. Cold-chain equipment was provided to

15 maternal and child health centres. UNICEF also supported an immunization campaign in order to reach as many refugee children as possible. A booklet on the use of essential drugs was developed especially for the use of health workers at the primary care level. Other health supplies were also provided.

13. Supplementary food was provided for young children and pregnant and lactating women who visited health centres and hospitals. Milk, high-protein biscuits, weaning foods, vitamins and micronutrient supplements were also distributed. UNICEF responded to the Government's request for support in establishing a network of growth monitoring centres for young children by providing weighing scales and growth charts.

14. A breast-feeding campaign was launched through radio and television. This was complemented by a series of orientation and technical training sessions for nurses and medical doctors, in collaboration with some professional organizations, on the advantages of breast-feeding and on the "10 steps to successful breast-feeding".

15. UNICEF responded to the educational needs of refugee children through the provision of chalk, notebooks, pencils, teaching aids and other school supplies to facilitate in the establishment of supplementary classes in the regular schools and reception centres. Support was also provided for special refresher courses for both refugee and regular teachers. Special instructional materials for handicapped children were also developed.

16. Since many of the refugee children have been traumatized by the war, UNICEF, in collaboration with the Institute of Psychology of the University of Belgrade, provided training for school psychologists, teachers, social workers and health workers in order to equip them with skills in counselling and other psycho-social interventions for refugee children and their families.

17. A sizeable number of children are in orphanages and institutions for children with special needs. UNICEF assisted 36 such institutions with clothes, kits for hygiene, disinfectants, supplementary food, classroom equipment and recreation supplies.

18. Since most of the refugees live with host families rather than in reception centres, it has been difficult to design social services that would specifically reach the refugees. With the increase in poverty of both the host families and the population in general, it has not been easy for UNICEF or other humanitarian aid organizations to determine priorities for targeting assistance.

Recommended programme cooperation, 1994-1995

Estimated annual expenditures
(Thousands of United States dollars)

Supplementary funds	1994	1995	Total
Health	400	1 200	1 600
Nutrition	50	150	200
Education	100	300	400
Children in especially difficult circumstances	60	180	240
Social mobilization	25	75	100
Programme support	115	345	460
Total	750	2 250	3 000

Priorities

19. The proposed programme aims at assisting the Government, NGOs and local communities to restore and maintain national capacity to enhance child survival, development and protection by preventing further deterioration in the quality and effectiveness of basic services. The programme will also focus on offering medium-term support to the neediest children and mothers during this critical period. In this context, the mid-decade goals and the Declaration and Plan of Action of the World Summit for Children will provide a relevant guiding framework.

20. Several of the mid-decade goals are reflected in the specific priorities of the programme, which will be as follows: (a) to help restore immunization levels to pre-war levels and achieve universal child immunization; (b) to promote oral rehydration therapy (ORT) as part of a programme for the control of diarrhoeal diseases (CDD); (c) to promote breast-feeding as it evolves into the Baby-Friendly Hospital Initiative (BFHI); (d) to help develop a comprehensive safe-motherhood programme; (e) to support the maintenance of primary health care (PHC) services, especially in disadvantaged regions; (f) to support the efforts of the Ministry of Education to increase access to quality education; and (g) to assist in developing strategies for children in especially difficult circumstances, including refugee children and institutionalized children.

Strategies

21. While the present document may appear to present a wide range of priorities for a programme with limited resources, responses and interventions will require only the maintenance and enhancement of existing capacity rather than large-scale service delivery and capacity-building. Indeed, pre-war conditions of only a few years ago indicate high levels of well-being among children and women, which have subsequently been reversed.

22. The proposed programme of cooperation is designed to build upon the activities that have been carried out since late 1992, funded by the United Nations Inter-agency Appeal. Experience acquired in 1992 and 1993 will be drawn upon, and the main thrust of the programme will be on integrating the current emergency support into the larger frame of recovery and rehabilitation. Strategies for the programme are outlined below:

(a) The present emergency response will be continued to help refugee families meet their children's survival and development needs. In light of the ongoing war, sanctions and the uncertainty of a peace settlement, the programme strategy warrants the continuation of the emergency response, at least until basic services for children and women are restored to a minimum level;

(b) Focused interventions will be made to maintain national capacities and to prevent further deterioration in basic services for children and women, with priority to areas outlined in paragraph 20 above, and also to disadvantaged regions. In order to maintain the capacity for problem identification and for planning and implementation of children's programmes, UNICEF will assist the Government in enhancing existing information and surveillance systems;

(c) Strengthening partnerships between the Government, NGOs and other organizations and institutions will be important in maximizing the effectiveness of interventions. This strategy will be crucial, especially in developing family-based alternatives to institutionalization where appropriate;

(d) Advocacy will be carried out for the need to protect all vulnerable groups during this critical period. A central part of this approach will be to promote compliance with the Convention on the Rights of the Child.

Programme components

23. Maternal and child health. As part of the ongoing programme, PHC services at the district and health station levels will be strengthened through the provision of health-centre kits, guidelines for the rational use of drugs and communication materials for health workers and parents. Support will be given to the existing EPI programme, including the provision of cold-chain equipment and strengthening the capacity of EPI units for reporting and surveillance. Other child survival interventions, such as the promotion of ORT and assistance in combating acute respiratory infections, will be made as appropriate. For example, the promotion of ORT will be given priority attention in areas with a high influx of refugees and in disadvantaged regions.

24. Together with interventions for child health at the district and health station levels outlined in the paragraph above, support will also be provided to strengthen prenatal services, particularly in the disadvantaged regions, as part of a comprehensive programme for promoting safe home deliveries through special training of midwives, the provision of delivery kits and the promotion of key messages in Facts for Life. Eventually it could become part of a much larger programme for women's health, encompassing prenatal care, maternal nutrition, care for high-risk pregnancies and child spacing.

25. Nutrition. Ongoing breast-feeding promotion activities will be intensified and expanded to reach medical and health professionals and the public through meetings for paediatricians, obstetricians, nurses and midwives; media campaigns; orientation on BFHI for hospital administrators; and dissemination of technical information on the importance of promoting and protecting breast-feeding. Linkages with professional associations of paediatricians, obstetricians and nutritionists will be supported in order to lay the groundwork for the initiative, and technical consultants will be made available to help clarify technical issues in implementation. UNICEF will also provide some support in assessing micronutrient deficiencies, particularly iron deficiency anaemia.

26. Health promotion and education. UNICEF will support establishing linkages with professional organizations in promoting public awareness and knowledge about preventive home care measures for CSD. This will involve the transformation and dissemination of key messages in Facts for Life for wider distribution among parents and community officials, as well as to health professionals at the district and health station levels. A health and nutrition education programme will be built into ongoing health, nutrition and non-formal education activities. Priority messages for mothers and parents will address breast-feeding, proper weaning and infant feeding practices, child care and growth promotion. The heavy influx of refugees has overburdened the water supply system and sanitation conditions in reception centres and areas with a high refugee population. UNICEF will work closely with WHO, the Ministry of Health and the Refugee Commissariat in monitoring these at-risk areas and making sure that adequate hygiene supplies are available. In some reception centres and areas with a heavy concentration of refugees, attention will be given to ensure adequate water supply and sanitation conditions. A public awareness campaign to promote personal hygiene is already under way.

27. Education. Depending on the situation, UNICEF will provide school and classroom supplies such as educational kits on a very limited and focused scale, for example in selected areas where needs are greatest for both refugee children and children of host families. UNICEF priority attention for the sector, however, will focus on providing technical support to the efforts of the Ministry of Education to increase access to quality education, such as: (a) improving teaching methods with more interactive techniques; (b) teaching methods for teachers working in difficult circumstances; (c) training of teachers; and (d) education for mutual tolerance and understanding, or peace education. In light of the deteriorating socio-economic conditions and overburdened education infrastructure, assistance will also be provided for developing strategies and demonstration activities to make education services available and relevant to at-risk groups such as refugee children in host families, children in reception centres, children of minority groups and gypsy children.

28. Children in especially difficult circumstances. Selected children's institutions will be provided with hygiene supplies and disinfectants, classroom equipment for children with special needs, clothing and some toys. Many of the interventions mentioned above are also targeted towards refugee children, for example, programme activities in water supply and sanitation, education and CDD.

29. For the medium-term, UNICEF will provide technical assistance on (a) new methods for the special education of institutionalized children; (b) the development of improved procedures for follow-up care; (c) improving implementation of policies regarding foster care; and (d) training of service workers in improved physical and mental care of children. Family-based alternatives to child care will also be explored as part of the Government initiative to optimize the social services system for child care.

30. Programmes for psycho-social services currently assisted by UNICEF will be reviewed in light of experiences. Feasible mechanisms will be developed for effectively reaching the greatest number of children traumatized by war, evacuation and displacement. In priority areas with the highest concentration of refugee children, UNICEF will continue to work with school psychologists, PHC workers and social workers in enhancing their professional and institutional skills to cope with the crisis. To assist children affected by post-traumatic stress disorders and to augment the workforce addressing this problem, UNICEF will provide support for the development of a training programme for paraprofessionals.

31. Advocacy. Where necessary, UNICEF will advocate to raise awareness for the protection of children and the vital need for child-focused policies at national and subnational levels.

32. Monitoring and evaluation. The present programme of cooperation proposes to help strengthen an information and monitoring system for measuring the progress and achievement of CSD goals. Monitoring for the proposed programme will be supported primarily by UNICEF staff in Serbia and Montenegro, as well as by staff from the area office. Information obtained from field personnel of other agencies, government organizations and NGOs will be utilized. Regular field visits will be undertaken to assess the effectiveness of UNICEF assistance, and programme adjustments will be made accordingly. A programme review will be held jointly with participating government organizations, NGOs, United Nations agencies and other partners towards the end of 1995.

33. Programme support. To date, UNICEF assistance has been managed by a sub-office in Belgrade, with a project office in Podgorica. Continuation of the offices and the staff will ensure planning, implementation and monitoring of programmes during the 1994-1995 period.